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ABSTRACT

Increasing numbers of students must be given medications at school, with a variety of staff assisting these children. In order to standardized the format for instructing personnel in medication administration procedures, an instructional program was developed for those in schools and out-of-home child care settings who are giving medications that are not required to be given by a registered nurse. This manual delineates administrative policies for medication administration in school settings in Colorado and provides an instructional program to train school personnel to give medication to students. Part 1 of the manual provides a training outline of the rights and responsibilities of sohool personnel related to delegating medication administration, confidentiality, and liability. Part 2 provides guidelines for training school personnel to give medication. This section contains training in four areas: (1) instructional program recommendations; (2) medication overview; (3) handling and administration of medications; and (4) medication orders and records. Included with each lesson are the objectives, time and materials needed, recommended instructor, and recommended videotapes. Also included is a test and answer guide. Appended to the guide is a list of items to be included in trainee workbooks, and sample overhead masters. (KB)

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# GUIDELINES FOR SCHOOL MEDICATION ADMINISTRATION

## PART I: ADMINISTRATIVE POLICIES AND PROCEDURES

## PART II: AN INSTRUCTIONAL PROGRAM FOR TRAINING SCHOOL PERSONNEL TO GIVE MEDICATION

SPONSORED BY:
COLORADO STATE BOARD OF NURSING

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Colorado Department of Public Health and Environment

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1998
Third Edition

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# FOR
# SCHOOL MEDICATION ADMINISTRATION

## PART I: ADMINISTRATIVE POLICIES AND PROCEDURES

## PART II: AN INSTRUCTIONAL PROGRAM FOR TRAINING SCHOOL PERSONNEL TO GIVE MEDICATION

SPONSORED BY
COLORADO STATE BOARD OF NURSING
**1560 BROADWAY, SUITE 670**
**DENVER, CO 80202**

**1998**
**THIRD EDITION**

Colorado Department
of Public Health
and Environment

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
CHILD, ADOLESCENT AND SCHOOL HEALTH SECTION
4300 CHERRY CREEK DRIVE SOUTH
DENVER, COLORADO 80222-1530

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# GUIDELINES FOR MEDICATION ADMINISTRATION AND AN INSTRUCTIONAL PROGRAM FOR TEACHING OTHER PERSONNEL TO GIVE MEDICATION IN THE SCHOOL

## *INTRODUCTION*

There is an increased number of students in schools who are receiving medications. A variety of people are assisting these children in taking medications. In school settings school nurses, principals, teachers, paraprofessionals, school secretaries and others are involved in the administration of medication in schools.

"Rules and Regulations Governing Schools in the State of Colorado" passed by the Colorado Board of Health in 1990 contains regulations pertaining to medications in schools. The "Procedure Guidelines for Health Care of Students with Special Needs in the School Setting" contain the 'Medication Procedure and Forms' which can be used in schools.

In order to standardize the format for instruction of other personnel in the procedure of medication administration, a subcommittee of the Board of Nursing was formed to develop an instructional program to be used in schools as well as in out-of-home child care settings. Those settings have now each developed their own guidelines focused on the needs of the children or students they serve.

The course is designed to give the unlicensed participant basic information on the steps involved in the administration of medications to students but does not constitute delegation. Registered nurses are required to provide individual delegation to other persons providing medication to students in the school setting.

Certain medications are NOT covered in this course. They are ones that are to be administered by the registered nurse (RN). There are occasions when these medications may be delegated by the RN in a one-on-one delegation for a student with a stable condition. This will be based on each individual situation and a developed health care plan.

The Colorado Board of Nursing has the responsibility for regulating nursing practice, including delegation of medication administration to unlicensed persons (CRS 12-38-103(10)).

No legal requirement to have parent written permission to administer medication to students in the school setting was found. This would need to be an individual school district policy.

## *Acknowledgments*

This information was developed as a result of the work of the subcommittee on medication administration chaired by Jeri Lawrence, President, Colorado Board of Nursing. Members of that subcommittee in attendance were:

| | |
|---|---|
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Materials used as reference in the development of this instructional information were from the following sources:

"PROCEDURE GUIDELINES FOR HEALTH CARE OF STUDENTS WITH SPECIAL NEEDS IN THE SCHOOL SETTING," Colorado Department of Education, Colorado Department of Public Health and Environment, Denver, Colorado, revised 1995.

"Assisting Children With Medications at School: A Guide for School Personnel" (Video); "Universal Precautions in the School Setting" (Video), Learner Managed Designs, Inc., P.O. Box 747, Lawrence, Kansas 66044, (913) 842-9088.

Medication Administration: Training Manual: Division of Developmental Disabilities, State of Colorado, 1989.

Colorado Nurse Practice Act and the Colorado Board of Nursing regulations regarding delegation.

The Children's Hospital School Health Program school medication training materials.

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# PART ONE: ADMINISTRATIVE POLICIES FOR MEDICATION ADMINISTRATION

## RIGHTS AND RESPONSIBILITIES

### OBJECTIVES

A. Understanding RN and school personnel responsibilities in delegation of tasks to other individuals
B. Understand concept of confidentiality and what can be shared and with whom
C. Understand concept of liability

### CLASS OUTLINE

A. Delegation and the Nurse Practice Act
B. Confidentiality and Liability
C. Responsibility of the local School District
D. Family Education Right/ and Privacy Act of 1974 (FERPA)
E. Colorado Law Concerning Professional Nurses' Authority to Delegate Nursing Functions
F. Rules and Regulations Regarding The Delegation of Nursing Functions

### EVALUATION

## PART ONE: ADMINISTRATIVE POLICIES FOR MEDICATION ADMINISTRATION

RIGHTS AND RESPONSIBILITIES

A. Delegation and the Colorado Nurse Practice Act

The Colorado Nurse Practice Act is the state law which licenses and regulates the practice of nursing and mandates what a registered nurse(RN) and a licensed practical nurse (LPN) may do in their practice. This law prohibits other persons from performing tasks for which a nursing license is required. The "delegatory clause" was added to the Nurse Practice Act in June of 1992 permitting nurses to delegate nursing tasks to other persons. (Law at end of this Section.)

The "Rules and Regulations Regarding the Delegation of Nursing Functions" were adopted in the fall of 1992 and outline what and how a registered nurse may delegated to another individual. These were amended in January 1998. (See "Rules and Regulations" at end of this Section.)

The administration of medication by an other person falls under the "Rules and Regulations Regarding the Delegation of Nursing Functions."

Of special note in regard to medication administration, school personnel to whom the school registered nurse delegates medication administration shall not further delegate that task to another individual nor may the task be expanded without the written permission of the delegating school registered nurse. Also the school nurse can withdraw the delegation of medication administration at any time. This may occur if there is a change in the child's condition or the nature of the medication to be given or the person delegated to is not administering the medication correctly.

**Only the registered nurse can make the decision to delegate. It cannot be made by a parent, physician, teacher, school administrator, or anyone other than the registered nurse. The decision to delegate cannot be made by a licensed practical nurse.**

B. Confidentiality and Liability

Federal Law (Family Education Rights & Privacy Act - **FERPA**) protects the rights of confidentiality for all students. **THESE RIGHTS MUST BE FOLLOWED. (SEE D OF THIS SECTION.)**

Each school district should have a policy on confidentiality. Whatever a person learns about a student's medication or health condition MUST NOT be discussed with anyone unless the parents give their written permission. If the parents or

guardian want school or facility personnel to know why their student needs medication, they will indicate permission to share such information. Such information may be shared only when written permission is granted by the parents or guardian.

**SCHOOL DISTRICT EMPLOYEES ARE TO BE REMINDED TO FOLLOW FERPA REQUIREMENTS AS REFLECTED IN THE SCHOOL DISTRICT POLICY. FERPA REQUIREMENTS ARE TO BE ON FILE IN EACH SCHOOL BUILDING.**

**A breach of confidentiality, the sharing of information without written permission, can result in serious consequences. It can lead to lawsuits and liability for the school or facility.**

**Inappropriate sharing of health information without written permission reveals information about the student which is the private domain of the family. Such disclosure can cause the student and family great distress and be possible grounds for a law suit.**

C. Responsibility of the Local School District

It is the intent that these Guidelines for Medication Administration be used by individual school districts for the development of policies and procedures related to medication in schools at the local school district level.

There are at least five issues to be addressed in a local school district policy/ procedure:

1. Written medication authorization by a prescribing practitioner (required by the Colorado Board of Nursing for nurses to administer or delegate to other persons);

2. Parent written permission (local school district option);

3. Pharmacy or pharmaceutical company labeled container (required by Colorado Board of Nursing and CDPH&E rules and regulations for schools);

4. Log kept of medication given at school (Colorado Board of Nursing);

5. Medication kept in a clean, secure, locked area. (CDPH&E Rules and Regulations)

Other issues to be considered include:

1. Self-carried medications;
2. Confidentiality of students receiving medication in the school setting.
3. The school nurse's (RN's) responsibility to question a physician's medication order if she considers it to be incorrect.
4. Field Trips
5. Delegation

D. Family Education Rights and Privacy Act of 1974 (FERPA) Fact Sheet

The FERPA is a federal law designed to protect the privacy of a student's education records. The law applies to all schools which receive funds under an applicable program from the U.S. Department of Education.

The FERPA gives certain rights to parents regarding their children's education records. These rights transfer to the student when the student or former student has reached the age of 18 or is attending any school beyond the high school level. Students and former students to whom the rights have transferred are called eligible students.

- Parents or eligible students have the right to inspect and review all of the student's education records maintained by the school. Schools are not required to provide copies of materials in education records unless, for reasons such as great distance, it is impossible for parents or eligible students to inspect the records personally. The school may charge a reasonable fee for copies as long as the cost does not prohibit the parents' or student's ability to obtain copies.

- Parents and eligible students have the right to request that a school correct records believed to be inaccurate or misleading. If the school refuses to change the records, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still refuses the correction, the parent or eligible student has the right to place a statement in the records commenting on the contested information in the records.

- Generally, the school must have written permission from the parent or eligible student before releasing any information from a student's record. However, the law allows schools to disclose records without consent to the following parties:
  a. School employees who have a need-to-know
  b. Other schools to which a student is transferring
  c. Parents when a student over 18 is still dependent
  d. Certain government officials in order to carry out lawful functions
  e. Appropriate parties in connection with financial aid to a student
  f. Organizations doing certain studies for the school

***NOTE:*** ***COLORADO LAW ALLOWS DISCLOSURE TO THESE PARTIES AS WELL.***

g. Accrediting organizations
h. Individuals who have obtained court orders or subpoenas
i. Persons who need to know in cases of health and safety emergencies
j. State and local authorities to whom disclosure is required by state laws adopted before November 19, 1974.

Schools may also disclose, without consent, "directory" type information such as the student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, the school must tell parents and students of the information that is designated as directory information and provide a reasonable amount of time to allow the parent or eligible student to request the school not disclose that information about the student.

***NOTE: Colorado law prohibits the release of students' address and telephone numbers.***

Schools must notify parents and eligible students of their rights under this law. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook or newspaper article) is left to each school.

Schools must adopt a written policy about complying with the FERPA. Schools must give the parent or eligible student a copy of the policy on request.

If you wish to see your child's education records, or if you are over 18 or are attending college and would like to see your records, you should contact the school for the procedure to follow.

If you have any questions about FERPA, or if you have problems in securing your rights under this Act, you may call, 202-732-2057 or write to: Family Policy and Regulations Office, U.S. Department of Education, 400 Maryland Avenue, SW, Room 3021, Washington, DC 20202.

Source: Colorado Department of Education (August 1992)

1992

# An Act

SENATE BILL 92-96.

BY SENATORS Wham, Allison, Bishop, Blickensderfer, Cassidy, Gallagher, Groff, J. Johnson, Leeds, Martinez, McCormick, Mendez, Pascoe, Tebedo, and Traylor;
also REPRESENTATIVES Shoemaker, Chlouber, Martin, Rupert, Swenson, Tanner, Webb, and S. Williams.

CONCERNING PROFESSIONAL NURSES' POWER TO DELEGATE NURSING FUNCTIONS.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 12-38-103 (10) (c), Colorado Revised Statutes, 1991 Repl. Vol., is amended to read:

12-38-103. Definitions. As used in this article, unless the context otherwise requires:

(10) "Practice of professional nursing" · means the performance of both independent nursing functions and delegated medical, podiatric, and dental functions, including the initiation and performance of nursing care through prevention, diagnosis, and treatment of human disease, ailment, pain, injury, deformity, or physical or mental condition which requires such specialized knowledge, judgment, and skill involving the application of principles of biological, physical, social, and behavioral sciences as are required for licensing as a professional nurse pursuant to section 12-38-111. "Practice of professional nursing" shall include the performance of such services as:

(c) Providing therapy and treatment that is supportive and restorative to life and well-being either directly to the patient or indirectly through consultation with, ~~or through~~ the DELEGATION TO, supervision and OF, OR teaching of others;

SECTION 2. Article 38 of title 12, Colorado Revised

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.



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Statutes, 1991 Repl. Vol., is amended BY THE ADDITION OF A NEW SECTION to read:

12-38-132. Delegation of nursing tasks. (1) ANY REGISTERED NURSE, AS DEFINED IN SECTION 12-38-103 (11), MAY DELEGATE ANY TASK INCLUDED IN THE PRACTICE OF PROFESSIONAL NURSING, AS DEFINED IN SECTION 12-38-103 (10), SUBJECT TO THE REQUIREMENTS OF THIS SECTION. IN NO EVENT MAY A REGISTERED NURSE DELEGATE TO ANOTHER PERSON THE AUTHORITY TO SELECT MEDICATIONS IF SUCH PERSON IS NOT, INDEPENDENT OF SUCH DELEGATION, AUTHORIZED BY LAW TO SELECT MEDICATIONS.

(2) DELEGATED TASKS SHALL BE WITHIN THE AREA OF RESPONSIBILITY OF THE DELEGATING NURSE AND SHALL NOT REQUIRE ANY DELEGATEE TO EXERCISE THE JUDGMENT REQUIRED OF A NURSE.

(3) NO DELEGATION SHALL BE MADE WITHOUT THE DELEGATING NURSE MAKING A DETERMINATION THAT, IN HIS OR HER PROFESSIONAL JUDGMENT, THE DELEGATED TASK CAN BE PROPERLY AND SAFELY PERFORMED BY THE DELEGATEE AND THAT SUCH DELEGATION IS COMMENSURATE WITH THE PATIENT'S SAFETY AND WELFARE.

(4) THE DELEGATING NURSE SHALL BE SOLELY RESPONSIBLE FOR DETERMINING THE REQUIRED DEGREE OF SUPERVISION THE DELEGATEE WILL NEED, AFTER AN EVALUATION OF THE APPROPRIATE FACTORS WHICH SHALL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

(a) THE STABILITY OF THE CONDITION OF THE PATIENT;

(b) THE TRAINING AND ABILITY OF THE DELEGATEE;

(c) THE NATURE OF THE NURSING TASK BEING DELEGATED; AND

(d) WHETHER THE DELEGATED TASK HAS A PREDICTABLE OUTCOME.

(5) AN EMPLOYER OF A NURSE MAY ESTABLISH POLICIES, PROCEDURES, PROTOCOLS, OR STANDARDS OF CARE WHICH LIMIT OR PROHIBIT DELEGATIONS BY NURSES IN SPECIFIED CIRCUMSTANCES.

(6) THE BOARD MAY PROMULGATE RULES AND REGULATIONS PURSUANT TO THIS SECTION, INCLUDING BUT NOT LIMITED TO STANDARDS ON THE ASSESSMENT OF THE PROFICIENCY OF THE DELEGATEE TO PERFORM DELEGATED TASKS, AND STANDARDS FOR ACCOUNTABILITY OF ANY NURSE WHO DELEGATES NURSING TASKS. SUCH RULES AND REGULATIONS SHALL BE CONSISTENT WITH THE PROVISIONS OF SECTIONS 25-1-107 (1) (ee) AND 27-10.5-103 (2) (k), C.R.S.

SECTION 3. 12-36-106 (3) (q) (II), Colorado Revised Statutes, 1991 Repl. Vol., is repealed as follows:

12-36-106. Practice of medicine defined - exemptions

from licensing requirements. (3) (q) (II) ~~This paragraph (q) is repealed, effective July 1, 1992. Prior to such repeal, the exception to licensure requirements set forth in this paragraph (q) shall be subject to review pursuant to the provisions of section 2-3-1201, C.R.S., by the sunrise and sunset review committee.~~

SECTION 4. 12-38-125 (1) (i) (II), Colorado Revised Statutes, 1991 Repl. Vol., is repealed as follows:

12-38-125. Exclusions. (1) (i) (II) ~~This paragraph (i) is repealed, effective July 1, 1992. Prior to such repeal, the exception to licensure requirement set forth in this paragraph (i) shall be subject to review pursuant to the provisions of section 2-3-1201, C.R.S., by the sunrise and sunset review committee.~~

SECTION 5. 27-10.5-103 (2) (k) (V), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is repealed as follows:

27-10.5-103. Duties of the executive director - rules and regulations. (2) (k) (V) ~~This paragraph (k) is repealed, effective July 1, 1992. Prior to such repeal, the provisions of this paragraph (k) shall be subject to review pursuant to the provisions of section 2-3-1201, C.R.S.~~

SECTION 6. No appropriation. The general assembly has determined that this act can be implemented within existing appropriations, and therefore no separate appropriation of state moneys is necessary to carry out the purposes of this act. It is furthermore the intent of the general assembly that the licensing fee for nurses not be increased to cover the costs associated with this legislation.

SECTION 7. Safety clause. The general assembly hereby

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finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Ted L. Strickland
PRESIDENT OF
THE SENATE

Charles E. Berry
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Joan M. Albi
SECRETARY OF
THE SENATE

Lee C. Babrych
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED June 2, 1992 at 4:31 P.M.

Roy Romer
GOVERNOR OF THE STATE OF COLORADO

F. Delegation of Nursing Functions

The following is excerpted from the Colorado Board of Nursing Regulations

Chapter XIII - Rules and Regulations Regarding the Delegation of Nursing Tasks

1. Statement of Basis and Purpose

The rules contained in this Chapter are adopted pursuant to authority granted the Board by C.R.S. 1985, 12-38-101 et seq., as amended and 1992, 12-38-132(6).

2. The professional nurse is responsible for and accountable to each consumer of nursing care for the quality of nursing care he or she provides either directly or through the delegated care provided by others. Supervision of personnel associated with the nursing tasks is included in the legal definition of the practice of professional nursing.

3. Definitions: The following terms have the indicated meaning.

3.1. "Board" means the Colorado Board of Nursing

3.2 "Client" means the recipient of nursing care.

3.3 "Delegation" means the assignment to a competent individual the authority to perform in a selected situation a selected nursing task included in the practice of professional nursing as defined in section 12-38-103 (10).

3.4 "Responsible" means the ability to answer for one's conduct and obligations.

3.5 "Supervision" means the provision of guidance and review by a qualified professional nurse for the accomplishment of a nursing task or activity with initial direction of the task and periodic inspection of the actual act of accomplishing the task or activity, and evaluation of the outcome.

3.6 "Delegatee" means an individual receiving the delegation who acts in a complementary role to the professional nurse and

whom the professional nurse authorizes to perform the tasks which the individual is not otherwise authorized to perform.

3.7 "Delegator" means the professional nurse making the delegation; the delegator must hold a current, active license.

3.8 "Accountability" means the state of being responsible, answerable, or legally liable to the Board of Nursing for an action.

3.9 "School" means any institution of primary or secondary education, including kindergarten.

3.10 "Medication" means any prescription or nonprescription drug as defined in C.R.S. 12-22-102.

4. Criteria for Delegation

4.1 Any nursing task delegated by the professional nurse shall be:

A. Within the area of responsibility of the nurse delegating the task.
B. Within the knowledge, skills and ability of the nurse delegating the task.
C. Of a routine, repetitive nature and shall not require the delegatee to exercise nursing judgment or intervention.
D. A task that a reasonable and prudent nurse would find to be within generally accepted nursing practice.
E. An act consistent with the health and safety of the client.
F. Limited to a specific delegatee, for a specific client, and within a specific time frame except for delegation in schools as described in Section 7 of this Chapter.

4.2 The delegatee shall not further delegate the tasks delegated by the professional nurse to another individual nor may the tasks be expanded without the express permission of the delegating professional nurse.

4.3 The professional nurse shall assure that the delegatee can and will perform the task with the degree of care and skill that would be expected of the professional nurse.

5. Responsibility of the Delegator

5.1 The decision to delegate shall be based on the delegator's assessment of the following:

A. Client's nursing care needs including, but not limited to, complexity and frequency of the nursing care, stability of the client and the degree of immediate risk if task is not carried out.
B. Delegatee's knowledge, skills and abilities.
C. Nature of tasks being delegated including, but not limited to, degree of invasiveness, irreversibility, predictability of outcome, and potential for harm.
D. Available and accessible resource including, but not limited to, appropriate equipment, adequate supplies and appropriate other health care personnel to meet the client's nursing care needs.
E. The availability for the adequate supervision of the delegatee.

5.2 The delegator shall:

A. Explain delegation and that the delegated task is limited to the identified client within the identified time frame;
B. As appropriate, either instruct the delegatee in the delegated task and verify the delegatee's competency to perform the delegated nursing task, **or** verify the delegatee's competence to perform the delegated nursing task;
C. Provide instruction on how to intervene in any foreseeable risks which may be associated with the delegated task.

5.3 The delegator shall provide appropriate and adequate supervision to the delegatee to the degree determined by the professional nurse based on an evaluation of all factors indicated in 5.1 and shall develop and employ a system for ongoing monitoring of the delegatee if the delegated task is to be performed more than once.

5.4 The delegator shall evaluate on an ongoing basis the following:

A. The degree to which nursing care needs of the client are being met.
B. The performance by the delegatee of the delegated task.
C. The need for further instruction.
D. The need to continue or withdraw the delegation.

5.5 Documentation of delegation by the delegator in the client record shall adhere to generally accepted standards and minimally include, but not be limited to, the following:

A. Assessment of the client.
B. Identification of the task delegated, delegatee, delegator, time delegated, an time frame for which delegation is effective.
C. Direction for documentation by the delegatee that the task or procedure was performed and the client response if appropriate for the task.
D. Periodic evaluation of client's response to the performed delegated task.

6. Standards for the Accountability of the Delegator

6.1 The delegator shall adhere to the provisions of the Nurse Practice Act and its rules and regulations.

6.2 The delegator is responsible for the decision to delegate and assessments indicated in 5.1.

6.3 The delegator is responsible for monitoring, outcome evaluation, and follow-up of each delegation.

6.4 The delegator is accountable for the act of delegating and supervising.

7. Delegation of Administration of Medications in Schools

7.1 A professional nurse employed or contracted by a school may delegate the administration of oral, topical including eye and ear drops, and inhaled medications to a specific delegatee(s) for the population of a school, within a specific time frame not to exceed one school year.

7.2 A professional nurse employed by or contracted by a school district may delegate to one or more specific delegatee(s) who have successfully completed appropriate training the administration of emergency medications, prepackaged in unit dose preparations, including by not limited to injectable epinephrine or glucagon, where there is an emergency need for such treatment. The professional nurse must provide the delegatee a specific written protocol for determining the need for administering the medication.

7.3 The delegator shall not delegate the administration of medications in schools to any child where the route of medication administration is not included in 7.1 or 7.2.

7.4 The delegator shall not delegate the administration of medications in schools where the administration requires the delegatee to exercise judgment required of a professional nurse.

7.5 Medication administration must occur within the context of generally accepted standards; including authorization by an individual authorized by statute to prescribe; appropriate storage of medications; administration procedures included the use of pharmacy or pharmaceutical company labeled medications; and documentation.

7.6 Nothing in this Section 7 shall be construed to prohibit a professional nurse from delegating a specific nursing task to a specific delegatee for a specific child in the school setting, as otherwise provided for and governed by the provisions of this Chapter XIII.

8. Exclusions from this Rule

8.1 Any person registered, certified, licensed, or otherwise legally authorized in this state under any other law engaging in the practice for which such person is registered, certified, licensed, or authorized.

8.2 Any person performing a task legally authorized by any person registered, certified, or licensed in this state under any other law to delegate the task.

G. Regulations for School Health Service

The following is excerpted from the Colorado Board of Health's *Rules and Regulations Governing Schools in the State of Colorado*

Chapter Nine -Health Service

9-101 Basic first aid equipment and medical supplies including: gauze pads and roller gauze, adhesive tape, cold pack, plastic bags, disposable gloves, band-aids, hand cleaner, small flashlight and extra batteries, scissors, tweezers, blanket, triangular bandage, syrup of ipecac, antiseptic ointment, and activated charcoal shall be provided and kept conveniently available for emergency use.

9-102 At all times during the school day and during school sponsored use periods, at least one staff member shall be on duty in each school who has a current certification from the American Red Cross Standard First Aid Course or an equivalent. A list of persons currently certified, as described above, shall be maintained in each school office.

9-103 Separate rooms or areas shall be available in every school for emergency use in providing care for persons who are ill, infested with parasites, or suspected of having communicable diseases.

9-104 Every emergency care room or area shall be provided with at least one cot for each four hundred (400) students or part thereof. Each cot and pillow shall have an easily cleanable, non-absorbent surface or cover which is sanitized after each use.

9-105 Medication administered by school personnel shall be inaccessible to children and shall be stored in the original container in a controlled area separated from food, cleaning compounds and other toxic substances. If refrigeration is required, the medication shall be stored:

a) in a separate refrigerator maintained for that purpose only, or
b) in an impervious *(ed. note: impossible to penetrate; impossible to affect)* secondary container in a designate area of a food storage refrigerator, separated from food and inaccessible to children.

9-106 Telephone or radio communications shall be provided and kept available in each school for emergency purposes.

9-107 A written plan with common procedures for handling emergency medical services shall be kept in each school. A current list of emergency services with telephone numbers shall be posted in one or more prominent place(s) in each school.

9-108 A written plan for handling internal and external natural or man made disasters shall be prepared by each school. A copy of this plan shall be maintained in each school. Disaster training and review will be conducted each year at each school. Principals, school personnel and students will periodically review and test each disaster plan.

Adopted by the Colorado Board of Health: August 19, 1998
Effective: October 30, 1998

# PART TWO: GUIDELINES FOR INSTRUCTIONAL PROGRAM FOR TRAINING SCHOOL PERSONNEL TO GIVE MEDICATION

## I. INSTRUCTIONAL PROGRAM RECOMMENDATIONS

OBJECTIVES

A. Instructor will be familiar with recommended curriculum content
B. Identify trainee's responsibilities, goals and objectives

CLASS OUTLINE

A. Time, Materials Needed, Recommended Instructor, Models, Supplies Needed and Recommended Videos
B. Medications Covered By This Course
C. Responsibilities of Trainee Participants
D. Desired Trainee Goals
E. Specific Trainee Objectives
F. Trainee Competencies

EVALUATION

## I. INSTRUCTIONAL PROGRAM RECOMMENDATIONS

### A. Review of Instructional Material

Time

One four hour class

Materials Needed

Trainee Workbook - see Appendix
Course Overheads - see Appendix

Recommended Instructor

A registered nurse (RN) familiar with administering medications and the state laws regarding medications.

Models & Supplies Needed

Different types of pills, capsules, and tablets
Different types of topical medications
Different types of liquid medications
Different types of eye, ear, and nose medications
Examples of medication forms
Measuring devices, e.g., medicine spoons, medicine cups, syringes
Pill cutter
Pill counters
EpiPen® trainer
All medications are to be in labeled prescription and over-the-counter containers

Recommended Videos

"Assisting Children With Medications at School: A Guide for School Personnel." See page 4 for address
"Universal Precautions in the School Setting." See page 4 for address

### B. Medications Covered by This Course

This course will only cover the listed medications, those given for a short period of time, those medications taken on a regular basis for chronic conditions.

Typical and Routine Medications For Short Term Use

**SUCH AS:**
Antibiotics
Over the counter medications, e.g., acetaminophen (e.g., Tylenol®), decongestants, antihistamines, antacids
Ear or eye drops
Nasal sprays for allergies
Non-narcotic pain medications
Ointments and creams for skin rashes or other problems

Medications Taken On A Regular Basis For Chronic Conditions
(A written health care plan is necessary.)

**SUCH AS:**
Seizure medications
Asthma medications and inhalers
Ritalin and other medications for attention problems
Routine cardiac medications
Medications for muscle spasms
Steroids either by mouth or inhaled
Psychotropic medications
EpiPen® - See EpiPen® procedure on page 75
Nebulizer Treatments

Medications That Are Not Covered By This Course

The following medications are **NOT** ones covered by this course. These medications are ones to be **administered by the school registered nurse.** There are occasions when these medications may be delegated by the RN in a one to one delegation for a student with a stable condition determined on an individual basis and only with a detailed developed health care plan.

Glucagon (To be added at a later date)
Injectables, e.g., insulin for diabetes
Digoxin or Lanoxin for heart disease
Rectal medications
Gastrostomy medications
Experimental medication

C. Responsibilities of Trainee (Participants)

1. Trainee will be expected to demonstrate correct dosage and administration of different types of medications utilizing various medication containers.
2. Trainee will be able to demonstrate different methods of administering medication to children.
3. Trainee will be able to demonstrate the proper methods of storage of medications.
4. Trainee will be able to demonstrate proper hand washing technique and describe universal precautions.

D. Desired Trainee Goals

1. Recognize the responsibility of giving medications with safety and accuracy in mind.
2. Recognize and demonstrate the minimum level of care needed to administer medications.
3. Describe the potential problems in administering medications including: medication error, medication side effects, and adverse medication reactions.
4. Describe trainee's responsibility in delegation of tasks by R.N.
5. Documentation in medication record or log.

E. Specific Trainee Objectives

1. Identify the various routes of administering medications.
2. Identify proper methods for care and storage of medications.
3. Identify 5 rights in medication administration.
4. Describe the requirements for prescribing practitioner's orders in administrating medications.
5. Interpret pharmacy labels and prescribing practitioner's orders **(Will need to include this list when sent by Colorado Board of Nursing)**.
6. Describe medication errors and how they can be avoided.
7. Demonstrate correct administration of oral, topical, ophthalmic, nasal, otic, inhaled medications, nebulizer treatments and EpiPens®
8. Identify simple aspects of confidentiality in the school setting.
9. Demonstrate proper documentation.
10. Demonstrate universal precautions.

F. Trainee's Competencies

As a result of this learning and demonstration program, the participants will be able to:

1. Pass a written test and a demonstration test with a score of 100%.
2. Demonstrate correct administration of the following medications:
   a. Oral medications
   b. Inhaled medications, including nebulizer
   c. Topical medications
   d. Eye/ear/and nose medications
   e. Epi-Pen®

## II. MEDICATION OVERVIEW

OBJECTIVES

A. Identify the various routes of drugs
B. Identify and differentiate the various forms of medications

CLASS OUTLINE

A. Purpose of Medications
    1. Side Effects
    2. Adverse Reactions
    3. Allergic Reactions

B. Medication Routes
    1. Oral
        a. Tablets
        b. Capsules
        c. Suspensions
        d. Syrups or Elixirs
    2. Inhalants
    3. Topicals - Eye, Ear, Creams, Ointments, Patches
    4. Rectal
    5. Injectables
    6. Gastrostomy

EVALUATION

## II. MEDICATION OVERVIEW

### A. Purpose of Medications

The purpose of drugs or medications are to:

- prevent disease
- help to diagnose a disease
- treat a disease
- restore the normal function of an organ or a part of the body
- maintain the normal action of an organ or a part of the body

Medications can produce both desired and undesired results. The desired result is the reason the drug was prescribed. There are three types of undesired results:

1. **Side Effects:** These are natural, expected and predictable actions of the drug that occur at the same time as the desired effect. Most side effects are minor and are not cause for great concern. Examples of side effects are dry mouth and drowsiness experienced after taking an antihistamine.

2. **Adverse Reactions:** These are unexpected reactions that are undesirable and potentially harmful. If an adverse reaction is identified in a child, it should be reported to the parents, who will report the adverse reaction to the doctor. The doctor might want to change the medication, or change the dosage of the medication. Examples of adverse reactions are visual disturbances such as seeing double, or damage to the liver or the kidneys.

3. **Allergic Reactions:** These reactions are a type of adverse reaction resulting from the immunologic reaction to a particular drug. Allergic reactions may involve many different types of symptoms. Skin disturbance are the most common. This may be in the form of a mild redness of the skin, itching, and rashes or swelling.

**"ANAPHYLAXIS"**

**The most dangerous type of allergic reaction is anaphylaxis, which is a very severe allergic reaction. This is a life threatening condition. Anaphylaxis occurs after the administration of a drug, eating a particular food (such as peanuts) or the sting of an insect to which the person is allergic. All schools should have an emergency plan in place to guide personnel on what to do in case of a severe allergic reaction. Many schools have policies to call 911 if a severe allergic reaction occurs. Phone numbers for parents or guardians should be available so they can be reached in an emergency. Everyone who cares for students should have training in basic first aid and CPR.**

If a student is **known** to have severe allergic reactions, the child may have an **EpiPen®** prescribed (a syringe pre-filled with epinephrine) to reduce the effects of the allergic reaction. The **EpiPen®** (or **EpiPen Jr.®,** for smaller children), is provided by the student's parents for use at school. Since the **EpiPen® is** a prescription medication, a health care provider's authorization is required and the medication is to be used only for the indicated student. The school **must** have an emergency care plan developed by the RN in place for the use of the **EpiPen®.** The medication is only good for about a year, so it must be replaced before its expiration date. The **EpiPen®** is to be kept at room temperature, no exposure to excess heat or cold temperatures.

The medication is delegated by the RN using an individual health care plan (see page 75).

B. Medication Routes

Medications come in different forms. The form the medication is in, the properties of the medication and the desired effects determines the route by which it is given. Common forms of medication and the route by which they are generally given include:

1. Oral

   a. **Tablets** - taken by mouth and swallowed

      Coated tablets are swallowed whole and are not chewed. Examples are Advil tablets.

**Scored tablets** are made to be cut in half to obtain the proper dose. Be sure that a scored tablet matches the prescription dose. For example, the prescription may indicate 10 milligram tablets of Ritalin but the child is suppose to take 5 milligrams at school.

b. **Capsules** - taken by mouth and swallowed whole.

**Be sure** that capsules are complete and haven't been taken apart. Do not crush or chew

c. **Suspensions** - undissolved medicine in liquid

**Must be shaken well before administration to be sure that the particles of medicine are equally distributed in the liquid.**

Liquid medications must be accurately measured. Suspensions usually need refrigeration. Examples are Amoxicillin and Ceclor.

d. **Syrups or Elixirs** - sweetened liquid that contains dissolved **medication**

Liquid medications must be accurately measured. Examples are Tylenol® elixir or prednisolone syrup.

2. Inhalants

**Inhalants** - Liquid medications in a liquid form that are applied under pressure in the form of sprays or added to sterile water and given as medicated steam.

**Be sure to read individual instructions very carefully.** Inhalers for asthma may have different adapters or mouthpieces. Examples are albuterol and beclomethasone.

Inhalants may also be given through the nose, most commonly for sinus problems.

**A respiratory nebulizer machine** is necessary for some types of inhalants.

3. Topicals - eye, ear creams, ointments, patches

Gloves should be worn or applicators used when applying topical medications. Keep topical medications separate from oral medications. Read instructions carefully to avoid mixing up eye and ear drops.

**Some types of topical medication** are absorbed through the skin but affect the entire body. An example is medication for motion sickness that is applied to the skin in a patch form.

4. Rectal

**Suppositories** - are medications pressed into an oval or bullet-shaped form that are given into the rectum. Administration of a rectal medication in the school setting should be by a registered nurse or under direct supervision of registered nurse. Gloves should be worn for this procedure.

**Liquid medications** may also be administered through the rectum. Some emergency medications for seizures are given this way.

5. Injectable

Medications to be injected or given as a shot should be administered only by a registered nurse or delegated under direct supervision of a registered nurse.

Emergency medications, such as an **EpiPen®**, (used in a life-threatening allergic reaction) or glucagon (used for a diabetic reaction) or Insulin may be given by a specially trained care giver after delegation by the RN.

6. Gastrostomy

Medications administered through a student's gastrostomy tube should be by a registered nurse or a person trained and under direct supervision of a registered nurse. This is generally a liquid medication. However, some tablets may be crushed and dissolved in water or other liquid before administration through the gastrostomy tube.

## III. HANDLING AND ADMINISTRATION OF MEDICATIONS

OBJECTIVES

A. Describe the five "rights" used with medications administration
B. Describe the responsibilities with independent, assisting, and monitoring for individual medications, including checking to see if medication has been given
C. Demonstrate correct administration of oral, topical, ophthalmic, nasal, otic, and inhaled medications

CLASS OUTLINE

A. Care and Storage of Medications
    1. Medication Containers
    2. Storage
    3. Disposing of Medication
    4. Controlled Medication
B. The Five Rights of Assisting With Medications
C. Handling Medication
    1. Hand washing
    2. Cutting, crushing tablets, sprinkling of capsules
D. Administration of Medications
    1. Oral
        a. Pills, Tablets and Capsules
        b. Liquids
    2. Topical
        a. Eye Drops
        b. Eye Ointments
        c. Ear Drops
        d. Sun Creams/Ointments/Patches
    3. Inhaled Medications
        a. Nasal Sprays
        b. Metered Dose Inhalers
        c. Nebulizer
    4. Other Medications
        a. rectal
        b. Injections
        c. gastrostomy
E. Medication Administration: What to Remember
F. Self Carry Medications
G. Field Trip Medications
H. Acceptable Medical Abbreviations

I. Recommended Procedures
   1. Assist Student To Take Own Medication
   2. Instructions for the Student Using An Inhaler
   3. Give Oral Medications
   4. Health Care Plan
   5. Severe Allergy Information

EVALUATION

## III. HANDLING AND ADMINISTRATION OF MEDICATIONS

### A. Care And Storage of Medications

#### 1. Medication Containers

Medications are always kept in the original, labeled bottle or container. Prescription medications are always kept in the original, labeled bottle from the pharmacy. The label should have the following information: the child's name, the doctor's name, the pharmacy name and telephone number, the date the prescription was filled, the expiration date of the medication, the name of the medication, the dosage of the medication (how much to give), how often to give the medication, and for how many days the medication should be given. The pharmacy label is not the same as the physician's order. The pharmacy label should be compared to the physician's order for accuracy.

#### 2. Storage

Medications are always stored in a clean, locked cabinet or a secured area. A cool, dark place is best. Some medications require special storage procedures. The exceptions are self-administered medications that students have permission to carry with them. Controlled drugs, e.g., **Ritalin, must be counted, safely secured and require special attention in the school district's policies.** (See C.R.S. § 12-22-318 and Department of Human Services regulation regarding controlled substances.)

Medications such as antibiotic elixirs usually need to be refrigerated. The refrigerator should be in an area that is secure and is not accessible to children or unauthorized individuals. The temperature inside should be checked periodically to ensure that the medication does not freeze. The temperature should be between 36 and 46 degrees Fahrenheit. Ideally, food and medications are not kept in the same refrigerator. If only one refrigerator is available, the medications should be kept separate, preferably in a locked container.

All medications (prescription and over-the-counter) must **ALWAYS** be kept in the original, labeled container from the pharmacy. Do not substitute one student's medication for another student.

**When medications begin to run low, notify parents in enough time so they can get it refilled.**

3. Disposing of Medication

If a medication is out-of-date or left over, notify the parents that unless they pick up the medication by a certain date, it will have to be destroyed. Medication should never be thrown into a container that can be found by others. If the parents do not respond, the school nurse will dispose of the medication according to the district's safety policies and procedures.

4. Controlled Medications

Some medications present a greater than usual risk of becoming habit forming or of being used illegally. These are called **controlled medications or substances** and are under the jurisdiction of the Federal Drug Enforcement Agency. These medications have special storage requirements, that is, they must be stored in a locked storage area, and access to them must be limited. Each school or center should have a policy as to storage, record keeping, administration and destruction of controlled medications. Common controlled medications include Ritalin, tranquilizers or muscle relaxant drugs, phenobarbital for seizures, and pain medications containing codeine. Schools may develop policies for accounting for the exact number of pills available.

A resource for determining which drugs/medications fall under the jurisdiction of the 'controlled substance or medications' is your local pharmacist or the State Board of Pharmacy.

**(ADD DIRECTIONS ON DESTRUCTION OF CONTROLLED MEDICATIONS)**

B. The Five Rights of Assisting With Medications

Many of the policies and procedures discussed touch on the essential safety 'rights'. These are called the **"Five Rs"** and will give you a systematic safety check and to reduce your change of making a mistake.

Those Five Rs include:

1. Right Student
2. Right Medication
3. Right Dosage
4. Right Time
5. Right Route

If you have questions or if anything is not clear about the "Five Rs" ask the school nurse for clarification.

**Protect the confidentiality of the student(s) as required by the Family Education Rights and Privacy Act (FERPA)**

**TRIPLE CHECK THESE 'FIVE RS' EACH AND EVERY TIME YOU GIVE MEDICATION.**

1. First when taking medicine out of cupboard
2. Second when pouring the medication
3. Third when returning medication to the cupboard

**THIS PROCEDURE DECREASES THE POTENTIAL FOR A MEDICATION ERROR.**

## *THE 'FIVE RIGHTS' OF ASSISTING WITH MEDICATIONS*

Many of the policies and procedures discussed touch on the essential safety "rights". These are called the **"Five Rs."**

If you have questions or if anything is not clear, ask the school nurse or the parents for clarification.

**TRIPLE CHECK THESE 'FIVE RS' EACH AND EVERY TIME YOU GIVE MEDICATION.**

This review will give you a systematic safety check and reduce your chance of making a mistake.

**RIGHT STUDENT- Protect Confidentiality**

Is this the right student? Even if you think you know the student to whom you're giving the medication, double-check by asking his/her name or have another method of verification.

**RIGHT MEDICATION**

Make sure you are giving the right medication. Compare the prescribing practitioner's written instructions to the medication log and the pharmacy label. Check expiration date.

**RIGHT DOSAGE**

Be sure to give the exact amount of the medication specified by the legal prescribing practitioner's orders and the pharmacy label. The dosage on the medication bottle and the authorization are to agree.

**RIGHT TIME**

Check the medication log for the time when the medication should be given and to determine if it has already been given for the current day. Up to 30 minutes before or after the prescribed time is OK.

**RIGHT ROUTE**

Check the medication order and pharmacy label for the method indicating the exact route for the medication to be given, e.g., by mouth, by injection.

C. Handling Medication

1. Hand Washing

ALWAYS wash your hands before you give any medication to a student. You are trying to keep the students well and so you do not want to pass along any germs from your hands. If the student will touch the medication, he/she should also wash their hands. Remember to use universal precautions and wear disposable gloves or if you suspect you may come into contact with body fluids. (See the procedures for "Hand Washing" and "Handling Body Fluids," in section "I. Recommended Procedures" of this manual.)

2. Cutting or Crushing Tablets, Sprinkling of Capsules

Changing the form of a tablet can only be done with written authorization of the prescribing practitioner. Cutting, crushing or sprinkling of the medication are examples of changing the form of the tablet or capsule. If the student brings in tablets that are supposed to be cut, but haven't and you do not have written authorization, call the school nurse or the parents. Do not try to cut scored tablets with a knife, because you can easily get the dose wrong, have the medication land on the floor or cut yourself. The pill cutter is for that purpose. Clean the pill cutter after each use.

If the student should gag or have trouble swallowing tablets, the written prescription may call for you to crush them, using a pill crusher. Pour all the crushed medication onto soft food or into a liquid, and give it to the student. Clean the crusher after each use.

D. Administration of Medication

1. Oral Medications

a. Pills/Tablets/Capsules

Pour measured medication into a medicine cup, the lid of the bottle, or a small paper cup. A clean paper towel or other small container will also work. Have the student pick up the medication himself and put it in his/her mouth. Follow with a 6-8 ounce glass of water.

Some students do not have the developmental skills to take their own tablets or capsules. If you have to put medication directly into a student's mouth, put on disposable gloves so you do not transfer any infection to the student and also to protect yourself from any infectious diseases the student could transfer to you. The gloves are considered contaminated after use. They should be disposed of in a covered, plastic-lined waste container. Wash hands after removing gloves.

b. Liquids

Liquid medications need to be measured. They require the use of a calibrated medicine spoon or syringe. DO NOT use silverware – it is not accurate.

When using a measuring cup, place it on a flat surface and read it at eye level for accuracy. Pour from the side of the bottle OPPOSITE the label so the label stays readable. Clean any medication off of the outside of the bottle after pouring. Be sure the student takes all of the medication.

2. Topical

Topical medications include eye drops and ointments, ear drops, and ointments and creams that are applied to the skin.

a. Eye Drops

Equipment needed will include a pair of disposable gloves, the medication, and box of tissues. If the eye drops have been refrigerated, the medication should come to room temperature before instilling it into the eye. Rolling the bottle between the palms of your hands can hasten the warming process. Check the label to see if the drops need to be shaken.

Have the student clean his/her eyes by first closing them and wiping each eye once from the inside of the eye to the outside. Use a clean tissue for each eye.

Have the student lie down or if seated, tilt the head back. Ask him/her to look up, then gently open the eye to expose the lower lid. Bring the medication toward the eye outside of the student's field of vision. DO NOT touch the eye or anything

else with the bottle. With the bottle no more than an inch above the eye, drop one drop into the lower eyelid. Use no more than one or two drops in the eye, more than that will run out of the eye. Gently close the eye, and have the student put gentle pressure on the inside corner of the eye for about 20 seconds. Wipe away any excess medication or tearing with a clean tissue. If the eye appears red or more itchy after the medication, contact the school nurse or parent.

b. Eye Ointment

Ointments are applied along the inside of the lower eyelid. DO NOT touch the eye or anything else with the tip of the tube. After instilling the ointment, hold the eyelid open for a few seconds, and than have the student keep it closed for 20-30 seconds.

c. Ear Drops

Have the student lie down with the affected ear facing up. If sitting in a chair, tilt the head sideways until the ear is parallel with the ground. Clean the ear with a cotton ball and discard. If you see anything unusual, contact the school nurse or parent.

Pull the ear up and back. DO NOT allow the bottle to touch the ear. Drop the medication on the side of the ear canal. Have the student stay still for several minutes. The written authorization may also call for a cotton ball dampened with the medication to be loosely placed in the ear canal.

d. Skin Creams/Ointments/Patches

Universal precautions are to be used when possible exposure to body fluids such as draining cuts or abrasions, tears, saliva occur. If there is a dressing covering the area, remove the dressing and place it in a plastic lined container. Apply the cream or ointment with an applicator and if the instructions call for it, cover the area with a dressing. If a student's patch falls off while at school contact the school nurse and parent.

**WEAR DISPOSABLE GLOVES OR USE APPLICATOR AT ALL TIMES WHEN APPLYING TOPICAL MEDICATIONS.**

3. Inhaled Medications

a. Nasal Sprays

To use a nasal spray, have the student hold one nostril shut. Squeeze the medication bottle as the student breathes in. The student needs to be in an upright position.

b. Metered Dose Inhaler

A metered dose inhaler delivers medication in a fine mist to the lungs. Coordinating a quick puff from the inhaler and taking a deep breath can pose a problem for some students . A SPACER/HOLDING CHAMBER can be used to allow for the correct distance from the mouth and the taking in of a deep breath to get the medication in the child's student's lungs.

To use the spacer, have the student first shake the inhaler well. Place the inhaler in the end of the spacer. With the student's mouth around the spacer, have the student press the inhaler while taking a deep breath. Have the student hold his/her breath for a count of 5 to 10 seconds and then breathe out gently. If the student is to take a second inhaled dose, have the student wait at least one to five minutes before taking a second puff of medication from the inhaler. If the spacer is missing, a temporary one can be made by rolling a six-to-eight-inch piece of paper.

c. Nebulizer

**A student on nebulizer treatments needs a health care plan. If this procedure is delegated it should be individually delegated with close supervision.** This recommendation is made due to the possibility of severe respiratory response in students needing this type of medication. Nebulized medication often requires mixing of the medication.

Begin with clean hands and equipment already assembled. Pour the medication into the cup of the nebulizer. Connect one end of the tubing to the nebulizer with the other end attached to the compressor. Turn on the compressor and check that the mist is coming out of the mouthpiece. If the written authorization calls for the use of a mask with the nebulizer assist the student with the mask. Stay with the student until all the medication is used up. This may take 5-15 minutes.

**Nebulizer treatments are medications that are not covered in this instructional program.**

E. Medication Administration – What to Remember

1. Be sure you have received written documentation including:

   a. Written permission from a parent or legal guardian
   b. Written authorization with medical instructions from a prescribing practitioner.

If you do not receive all the written authorization, contact the school nurse. Arrangements can be made to fax the instructions to the school.

**It is the student's responsibility to come to the health room for medication. If he/she does not, call the student to the health room to receive medication. Maintain confidentiality when doing so.**

**REMEMBER, YOU MAY NOT GIVE MEDICATION WITHOUT ALL THE WRITTEN INSTRUCTIONS AND PROPERLY LABELED PHARMACY MEDICATION BOTTLES/BOXES.**

Medication samples may be used if the bottle has the name of the medication and the medication strength. The name of the prescribing practitioner and the student has to be written on the bottle. The prescribing practitioner instructions and the parent instructions must all match.

2. Compare the written instructions with the pharmacy label on the medication bottle.

   - Does it all match??
   - Name of the student
   - Name of the medication (sometimes a generic name is used)
   - Dosage
   - Time it is to be given or frequency during the day
   - Route of administration
   - Date

   **If it does not match, please contact the school nurse. If you have questions about the medication, related health condition or potential side effects, call the school nurse.**

3. Write all the necessary information on the Medication Log including:

   a. name of student
   b. date medication starts
   c. name of medication
   d. dosage and number of pills, inhalation etc.
   e. time(s) medication needs to be given
   f. special instructions

4. Notify classroom teacher, if appropriate, that this student needs to take medicine and indicate what time the student needs to come to the health office.

5. Any special instructions about the student's condition needs to be communicated to the school nurse and/or school staff before medication administration.

6. It may be helpful to photocopy of the 'Request to Give Medication Form' with the parent and prescribing practitioner instructions and signatures for the school nurse to review to insure that the RN is aware of any new medications.

7. Do not give medications if medication is not in the original pharmacy container.

8. Protect the confidentiality rights of the student when administering medications.

F. Self-Carry Medications - Students Carrying and Taking Their Own Medication in the School Setting

There are times when physicians and parents want students to carry their own medication. This is true for some students using an inhaler for asthma, but may also be true for other medical conditions.

If a request is made for a student to carry medication at school the following steps must be in place:

1. Written authorization from a legal prescribing practitioner stating the student's name, medication, dosage, time to be taken, number of days/months to be taken. Written authorization from a legal prescribing practitioner stating the student is to carry and self-administer the medication.

2. Written permission from the parent requesting the student to carry and self-administer the medication. Parents will accept full responsibility for any misuse of the medication by the student.

3. Medication is to be properly identified and in its original pharmacy labeled container. Only one day's supply of medicine is to be carried by the student. An asthma inhaler is an exception to this requirement.

4. If the student abuses or misuses this privilege to carry and self-administer the medication, the privileged may be withdrawn by the school nurse and principal.

G. Field Trip Medications

Field Trip Medications will be handled as follows:

1. Teachers need to provide the date of their planned field trip at least 3 days in advance to the school nurse, or school personnel with current medication training.

2. The school nurse or medication trained school personnel will provide a form for the teacher with the following information (See example on next page):

   a. Name of student
   b. Teacher
   c. Grade

d. Medication to be given
e. Dosage of medication
f. Time medication is to be given
g. Copy of the log to record medication was given

3. On a field trip all medications should be kept in a secure area.

4. The school nurse or trained health room para/secretary will put the required type(s) of medication and medication form in the envelope/zip lock bag/etc. and seal it.

5. Upon returning to the school following the field trip, the teacher will return the signed empty envelope to the school nurse or trained health room para/secretary.

6. The teacher, school nurse or trained school personnel will record the medication given on the student's school medication record. The teacher must initial the medication log for the day and time the medication was given to the student.

7. If it is a liquid medication, the same information is to be written on a form. The medication bottle, a measuring device and the form are to be put in a baggie for the teacher to take on the field trip. Upon returning to school, the teacher is to return the bottle of liquid medication to the school nurse or trained health room para/secretary and follow the same procedure as described above in number 6.

8. <u>The school nurse is strongly encouraged to not delegate preparing medications for field trips, but to prepare the medication herself. Further, teachers who schedule field trips are strongly encouraged to have medication administration training.</u>

**FIELD TRIP MEDICATION**

Student's Name:_____ Age:_____

Teacher:_____ Grade:_____

Medication:_____ Dosage:_____

Time to be given:_____ Date:_____

Person Giving Medication:_____
(Signature)

Date and Time Medication **was given:** _____
(Date) (Time)

Please return this paper to the health room after the field trip. Be sure to document on the student medication log upon return to school. Thank you.

Adapted from Academy School District #20 Field Trip Medication Form.

H. Acceptable Medical Abbreviations

| Abbreviation | Meaning | Abbreviation | Meaning |
|---|---|---|---|
| ac | before meals | per | by |
| bid | twice a day | po | by mouth |
| B/P | blood pressure | prn | as needed |
| c | with | P.T. | physical therapy |
| cap | capsule | q | every |
| cc | cubic centimeter | qd | every day |
| dc'd | discontinued, stopped | qh | every hour |
| F. | Fahrenheit | qid | four times a day |
| gtt | drop | qod | every other day |
| Gm, gm, g | gram | ROM | range of motion |
| Gr, gr | grain | s̄ | without |
| h | hour | ss | a half |
| Ht | height | STAT | at once: immediately |
| HS | bedtime (hour of sleep) | supp | suppository |
| Kg | kilogram | Tab | tablet |
| m | minim | I | one |
| mg | milligram | ii | two |
| ml | Milliliter | iii | three |
| OS | left eye | tbsp | Tablespoon |
| OU | each eye | tinc | tincture |
| oint | ointment | tid | three times a day |
| oz | ounce | tsp | teaspoon |
| pc | after meals | Wt | weight |

# I. Recommended Procedures

The following recommended procedures have been excerpted from *Procedures Guidelines for Health Care of Students with Special Needs in the School Setting* (printed by the Colorado Department of Public Health and Environment):

Assist Student to Take Own Medication

Instructions for the Student Using An Inhaler

Mechanical Nebulizer

Cleaning and Care of the Nebulizer

Give Oral Mediation

Handling Body Fluids

Hand Washing

# ASSIST STUDENT TO TAKE OWN MEDICATION

FROM TECHNICAL SKILLS CHART

SCHOOL PERSONNEL WHO CAN APPROPRIATELY PROVIDE CARE OR ASSIST THE STUDENT:

School registered nurse, or to be determined by the school Registered Nurse.

TRAINING NEEDS:

To be identified by the school registered nurse.

CIRCUMSTANCES WHICH REQUIRE SCHOOL RN ACTION:

Assisting the student to take his/her own medication will not usually be delegated by the school RN when the medication requires taking blood pressure, or radial or apical pulse before or after administration; or with medication that requires nursing judgment to determine dose.

REMARKS:

All medications given in school should follow the requirements in the *Rules and Regulations Governing Schools in the State of Colorado* passed by the Colorado Board of Health and the Colorado Nurse Practice Act - Delegatory Clause.

***PROCEDURE***

| Steps | Notes |
|---|---|
| Obtain the parent's written request and permission for medication. | Follow the local school district policy. |
| Determine the need for taking medication at school. | Carefully review the student's health care plan. |
| Obtain written authorization of a prescribing practitioner. | Required by Colorado Board of Nursing for all medications. Written protocol signed by a prescribing practitioner is required for each specific non-prescription medication which some school districts provide for students. |
| Have the medication provided by the parent in an individual pharmacy labeled bottle for the student who is to receive it. | Required by Colorado *Rules and Regulations Governing Schools in the State of Colorado* for medication.<br><br>Use pharmaceutical company labeled bottle for non-prescription medications. |
| Store medications at school at the correct temperature in a secure, locked, clean container or cabinet. | Required by Colorado *Rules and Regulations Governing Schools in the State of Colorado* . |

| Steps | Notes |
|---|---|
| Develop a written practical plan to have the student take his medication at the date and time prescribed. | Regular administration protects acceptable blood levels of medication. |
| Keep a written record of medications given at school. | Required by Colorado Board of Nursing. |
| When ready to take his medication, assist the student to assemble the medication and supplies needed. | These might include:<br>the medication, a measuring spoon, water or other liquid, dressing for medication applied to the skin, tissue or cotton balls. |
| Have the student wash his hands, providing assistance as needed.<br>Wash your own hands. | Put on disposable gloves if appropriate.<br>Refer to "Hand Washing," and "Handling Body Fluids" in these "Recommended Procedures." |
| Help the student review the five "R's" to ensure he is taking the correct medication. | Right name (of student)<br>Right medication<br>Right dose / amount<br>Right time<br>Right route (by mouth, injection, etc.). |
| Determine his blood pressure, pulse and/or correct dose if indicated. | Refer to the student's health care plan. |
| Place the medication within reach of the student. Loosen the top of bottles or tubes. | Use assistive devices if necessary to maintain the student in a functioning position. |
| Assist the student as necessary:<br>- oral medications - steady his hand as he brings medication to his mouth<br>- ointments - help him to apply the right amount to affected skin and dress it appropriately<br>- eye drops - guide his hand; wipe excess liquid or ointment from under eye from nose to outer area | Student's physical and mental limitations will determine the amount of assistance needed. |
| Observe the student for possible side effects. | Review the pharmaceutical literature for each medication the student is taking. |
| Help the student put his medication in its proper place after use. | |
| Dispose of used equipment.<br>Remove and discard your gloves, if worn. | *Refer Handling Body Fluids in these "Recommended Procedures." |

| Steps | Notes |
|---|---|
| Help student wash his hands and resume his scheduled classroom activities. Wash your hands. | Refer to "Hand Washing" in these "Recommended Procedures." |
| Document assisting the student to take his medications on the his health record or treatment log. | Record the date and time, the medication taken, the dosage, the name of the person assisting the student, any reactions to the medication, any problems encountered, any action you took. |
| Inform the appropriate school staff of the potential benefits and side effects of the student's medication. | This allows the staff to plan to optimize the student's performance, and to report any reactions to the medication that they observe. |
| Summarize the student's compliance with and apparent benefit (or lack of benefit) from taking this medication at school. | Give this information to his parents and physician on a periodic basis or as indicated in his health care plan. |

## INSTRUCTIONS FOR THE STUDENT USING AN INHALER

| Steps | Notes |
|---|---|
| Remind the student to shake the inhaler well. | Medication must be thoroughly mixed with the propellent in order to deliver the correct dosage/spray. |
| Teach the student to hold the inhaler in a vertical position. | The inhaler will not spray if it is upside down; spray is decreased when it is held off vertical. |
| Instruct the student to breath out to the end of a normal breath. | To empty his lungs as much as possible. |
| Tell the student to close his lips and teeth around the mouthpiece of the inhaler. | Have him support the inhaler with one hand while steadying the tube with your other hand. |
| Instruct him to tilt his head slightly upward. | This helps to direct the spray past his teeth and tongue so it can reach his lungs. |
| Tell him to start to breath in slowly. | Breathing too fast will leave the medication in his mouth and throat, not in his lungs. |
| Remind him to spray the inhaler at the start of a breath. | To activate the spray mechanism squeeze the bottle down against the stem. |
| Teach him to breathe in as deeply as possible over 2 to 3 seconds. Then have him remove the inhaler from his mouth; close his mouth and hold his breath. | He should try to hold his breath for a count of 5 to 10. |
| Finally he should exhale and breath normally. | To get the maximum benefit, it is best to wait 1-5 minutes between puffs. |
| Follow doctor's directions for the number of "puffs" to be taken and how often to take them. | Do not increase the dosage / frequency without consulting the physician. |
| Run warm water through the mouthpiece once a day. | To wash it and prevent clogging. |

# MECHANICAL NEBULIZER

from TECHNICAL SKILLS CHART

SCHOOL PERSONNEL WHO CAN APPROPRIATELY PROVIDE CARE OR ASSIST THE STUDENT:

School registered nurse, or to be determined by the school RN.

TRAINING NEEDS:

To be identified by the school registered nurse.

CIRCUMSTANCES WHICH REQUIRE SCHOOL RN ACTION:

Use of a mechanical nebulizer will not usually be delegated by the school RN when there is evidence of increasing respiratory distress or obstruction; or when there is need for medication.

REMARKS:

**Requires prescription from the physician.**

Student and parent/guardian can inform school personnel of procedures used at home.

Parent/guardian provides equipment and supplies.

Consider availability of alternate power supply.

If medications are used refer to medication procedure.

PROCEDURE

Definition: NEBULIZE - to covert a liquid to a fine spray.
MECHANICAL NEBULIZER - a device powered by either oxygen or compressed air that produces a stable aerosol of fluid particles.
ULTRASONIC NEBULIZER - a device with fluid in a chamber that is vibrated rapidly causing the fluid to break into small particles which are then carried by a flow of compressed air or oxygen to the student.

Purpose: To improve breathing by the administration of bronchodilators, mucolytics or other medications directly into the lungs by means of aerosol instillation; to provide an atmosphere of high humidity to assist the break up of pulmonary and bronchial secretions and aid the student in coughing them up.

Equipment: Air compressor or oxygen, oxygen nipple adapter, connection tubing, mechanical nebulizer manifold or ultrasonic nebulizer with cup and mask, medication or saline solution, suction equipment.

| Steps | Notes |
|---|---|
| Determine the need for the student to use the nebulizer at school. | Refer to the physician's orders and the student's health care plan. |
| Assess the student's respirations. | Establish a baseline for rate, depth, effort, noise, color, restlessness, level of consciousness. |

| Steps | Notes |
|---|---|
| When administering bronchodilators, monitor the heart rate before and after treatment by taking a pulse. | Bronchodilators may produce tachycardia, precordial distress, palpitation, dizziness, nausea, and excessive perspiration. |
| Assemble equipment and medication near the student. | As ordered. |
| Explain the procedure to the student. | Use developmentally appropriate language and demonstration as **this therapy depends on the student's effort for effectiveness.** |
| Wash your hands. | Refer to "Hand Washing" in these "Recommended Procedures." |
| Place the appropriate amount of medication and saline or water in the nebulizer. | Do not exceed the ordered amount. |
| Place the student in a comfortable sitting or semi-Fowler's position. | Expansion of the lungs and movement of the diaphragm are greatest in this position allowing for maximal treatment of the basilar areas of the lungs. |
| Have the student demonstrate mouth breathing. Have him practice if necessary. | Instruct and demonstrate as needed. |
| Attach the nebulizer hose to the air compressor or to oxygen and turn it on. A fine mist should be visible. | A flow rate of 5-6 to 8-10 liters per minute will provide a treatment time of about 8 to 10 minutes. |
| When using an ultrasonic nebulizer follow the instructions from the manufacturer. | Instructions vary. See physician's orders. |
| Have the student place the mouthpiece in his mouth, if possible. | Use a mask if he cannot use the mouthpiece. |
| Tell the student to breath in and out through his mouth. | Noseclips are sometimes used if he has difficulty breathing only through his mouth. |
| Every two minutes, or as ordered, have the student take an extra deep breath or two, hold his breath briefly, then exhale as slowly as possible. | This allows the medication to remain in the lungs longer, and facilitates dispersion of the particles. |
| Resume normal breathing until time for next deep breaths. | |
| Observe the student's chest expansion. | Deep breaths ensure the medication is deposited below the oropharynx. |

| Steps | Notes |
|---|---|
| If a cough occurs during the treatment, remove the mouthpiece or mask, allow the student to completely clear the secretions and then continue the treatment. | Turn off the machine when it is not being used by the student. |
| Give the student time to rest during the procedure if needed. | |
| Observe the student for any adverse reactions such as wheezing (bronchospasm) and excessive fluid deposition causing suffocation. | Wheezing indicates air turbulence and may result from the irritating effect of the medication on the airway or from inability to expectorate the loosened secretions. It may also indicate improvement of the air exchange when previously there was little air movement. |
| Use suction and postural drainage as needed. | The fluid may cause dried retained secretions to swell resulting the airway obstruction. |
| Continue the procedure until all the medication or fluid is nebulized. | Note the length of time for this. |
| After the treatment, have the student take several deep breaths, cough, and spit out the secretion. | Demonstrate if needed. Refer to "Handling Body Fluids," in these "Recommended Procedures." |
| Wash your hands; have the student wash his hands. | Refer to "Hand Washing" in these "Recommended Procedures." |
| Document the use of the nebulizer, with or without medication, on the student's health record or treatment log. | Record date and time, the medication used, the duration of the treatment, the respiratory rate and effort, pre and post-treatment heart rate with bronchodilators, a description of the secretions expectorated. |
| Inform appropriate school staff of the potential benefits and side effects of using a nebulizer with or without medication. | This allows staff to plan to optimize the student's performance and to report any reactions to the treatment. |
| Summarize the student's use of and apparent benefit (or lack of benefit) from using a nebulizer at school. | Give this information to his parents and physician on a periodic basis or as indicated in his health care plan. |

## Cleaning and Care of the Nebulizer

### After Each Treatment

Rinse the nebulizer, mouthpiece and/or mask under hot running water.
Shake off the excess water.
Lay these on a clean cloth or towel to air dry.
Cover the nebulizer parts with another cloth.
When dry, store in a clean plastic bag that can be closed (Ziploc, Baggie, etc.).
The tubing does not have to be cleaned but should be stored in the same bag.

### Daily - Done At Home

After washing with prescribed cleansing agent, rinse in hot water, then place all parts, except the tubing, in a vinegar solution of one part vinegar to two parts water.
Allow parts to soak for 30 minutes.
The tubing should be washed and soaked about twice a week.
Remove the parts from the solution and rinse under hot running water.
Shake off excess water; attach tubing to the machine and run air through it.
Air dry and store as above.

When output from nebulizer appears decreased, unplug it and check the tiny opening in the lower half to see if it is clogged; if necessary, carefully run a safety pin through the opening a couple of times and rinse well.

### Care of Nebulizing Machine

It will need minimal maintenance; follow manufacturer's manual.
Keep the machine clean and the air inlets free of dust or obstruction.

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# GIVE ORAL MEDICATION

from TECHNICAL SKILLS CHART

SCHOOL PERSONNEL WHO CAN APPROPRIATELY PROVIDE CARE OR ASSIST THE STUDENT:

School registered nurse, or to be determined by the school RN.

TRAINING NEEDS:

To be identified by the school registered nurse.

CIRCUMSTANCES WHICH REQUIRE SCHOOL RN ACTION:

Administering medications to the student will not usually be delegated by the school RN when the medication requires taking blood pressure, or radial or apical pulse before or after administration; or with medication that requires nursing judgment to determine dose.

REMARKS:

All medications given in school should follow the requirement in the *Rules and Regulations Governing Schools in the State of Colorado* passed by the Colorado Board of Health and the Colorado Nurse Practice Act - Delegatory Clause.

**PROCEDURE**

| Steps | Notes |
|---|---|
| Obtain parent's written request and permission. | Follow local school district policy |
| Determine the need for taking medication at school. | Carefully review the student's health care plan. |
| Obtain written authorization of a from a prescribing practitioner. | Required by Colorado Board of Nursing for all medications. Written protocol signed by a prescribing practitioner is required for each specific non-prescription medication which some school districts provide for students. |
| Have the mediation provided by the parent in the original container for the student who is to receive it. | Required by Colorado *Rules and Regulations Governing Schools in the State of Colorado* for all medication. Use pharmaceutical company labeled bottle for non-prescription medications. |
| Store the medications in the school at the correct temperature in a secure, clean container or cabinet. | Required by Colorado Board of Nursing |

| Steps | Notes |
|---|---|
| Develop a written practical plan to give the student his medication at the date and time prescribed. | Regular administration protects acceptable blood levels of medication. |
| Keep a written record of medications given at school. | Required by Colorado Board of Nursing. |
| Assemble the medication and supplies needed. | These might include the medication, a measuring spoon, water or other liquid. |
| Wash your hands.<br>Use disposable gloves if indicated. | Refer to "Hand Washing" and "Handling Body Fluids" in these "Recommended Procedures." |
| Determine the student's blood pressure, pulse and adjusted dose if indicated. | Refer to student's health care plan. |
| Review the five "R's" to ensure the student is taking the correct medication. | Right name (of student)<br>Right medication<br>Right dose<br>Right time<br>Right route (by mouth, injection, etc.). |
| Give the student the authorized medication. | Return unused medication to secure area. |
| Observe the student for possible side effects. | Review the pharmaceutical literature for each medication the student is taking. |
| Dispose of used equipment.<br>Remove and discard your gloves, if worn. | Refer to "Handling Body Fluids" in these "Recommended Procedures." |
| Have the student resume his scheduled classroom activities. | |
| Wash your hands. | Refer to "Hand Washing" in these "Recommended Procedures." |
| Document giving oral medications on the student's health record or medication / treatment log. | Record the date and time, the medication, the dosage, the name of the person giving the medication and any reactions to the medication. |
| Inform the appropriate school staff of the potential benefits and side effects of the student's medication. | This allows the staff to plan to optimize the student's performance and to report any reactions to the medication. |
| Summarize the student's compliance with and apparent benefit (or lack of benefit) from taking this medication at school. | Give this information to his parents and physician on a periodic basis or as indicated in his health care plan. |

# HANDLING BODY FLUIDS

| | |
|---|---|
| Definition: | **Body Fluids** include blood, wound drainage, urine, vomitus, stool, tears, saliva, semen, vaginal secretions, mucus, and respiratory secretions including nasal discharge and sputum;<br>**Handling** means dealing with, acting on, or disposing of a substance or issue. |
| Purpose: | To decrease the risk of direct transmission of disease; to minimize the risk of indirect transmission of disease resulting from contamination of the physical environment and equipment by body fluids. |
| Equipment: | Soap, running water, paper towels, disposable gloves, disposable plastic bags, plastic lined and covered waste containers, dust pans, buckets, mops, appropriate disinfectants. |

**PROCEDURE**

| Steps | Notes |
|---|---|
| Work with school administration to:<br>a) Make hand washing the foundation of the disease prevention program. | Hand washing is the single most effective procedure to prevent the spread of communicable diseases. |
| b) Select and purchase appropriate disposable gloves. | Gloves must be able to hold air or water to be acceptable. |
| c) Select appropriate disinfectants such as: | Appropriate disinfectants are those registered with the U.S. Environmental Protection Agency (EPA) as "hospital disinfectants" and are tuberculocidal when used at recommended dilutions. |
| • Ethyl or isopropyl alcohol (70%) | |
| • Phenolic germicidal detergent in a 1% aqueous solution (Lysol is an example) | Follow disinfectant manufacturer's directions for proper use, preparation and storage. |
| • Sodium hypochlorite solution 1:10 (household bleach mixed with water such as 1½ cups bleach to 1 gallon of water) that is **PREPARED DAILY.*** | **Precautions** for use of 1:10 hypochlorite solution:<br>Avoid skin contact--wear gloves;<br>Repeated use will corrode metal;<br>It will discolor materials such as rugs and clothing. |
| • Quaternary ammonium germicidal detergent in 2% aqueous solution (Tri-quat, Mytar and Sage are examples) | |
| • Iodophor germicidal detergent with 500 ppm available iodine (Wescodyne is an example). | Brand names used here are examples only, not endorsements of these products. |

| Steps | Notes |
|---|---|
| d) Develop and implement protocols for hand washing, using disposable gloves, and cleaning/disinfecting items contaminated with body fluids. Refer to Hand washing (which follows this procedure). | See protocols that follow. No distinction should be made between body fluids from individuals with a known disease or individuals without symptoms or with an undiagnosed disease. |
| e) Educate the school staff about the potential danger of infection from body fluids. | Refer to "Body Fluid Source of Infectious Agents" ("Procedure Guidelines, Appendix C, Handling Body Fluids," IV-C) |
| f) Determine the need for any additional precautions to prevent the spread of disease at school. | Review the latest recommendations from the Center For Disease Control, Colorado Department of Health and local health departments. |
| g) Decide the risk the school (a group situation) may present to an individual student who is highly susceptible to infection. | Work with the student's physician to make this determination. |
| h) Specify appropriate protocols for each student in his health care action plan. | Discuss these with the physician and family while formulating the plan; see Section W. Charting of the" Procedure Guidelines" (Section III-W). |
| I) Ensure that all restrooms and classrooms meet environmental standards for schools (e.g., have soap available). | Refer to *Standards and Regulations for Schools,* section 10.13, revised by the Colorado Board of Health, Fall, 1998 |

* "Recommendations for Prevention of HIV Transmission in Health-Care Settings", page 10S in Centers for Disease Control's *Morbidity and Mortality Weekly Report,* Supplement of August 21, 1987.

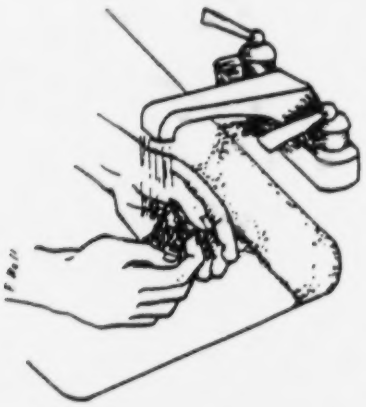
# HAND WASHING

| | |
|---|---|
| Definition: | Cleansing the hands by the action of soap, water and friction. |
| Purpose: | To reduce the number of disease causing organisms on the hands; to prevent the spread of infectious disease. |
| Equipment: | Sink with hot and cold running water, liquid soap in a dispenser, brush or orangewood stick, paper towels, lotion, plastic lined waste container. |

*PROCEDURE*

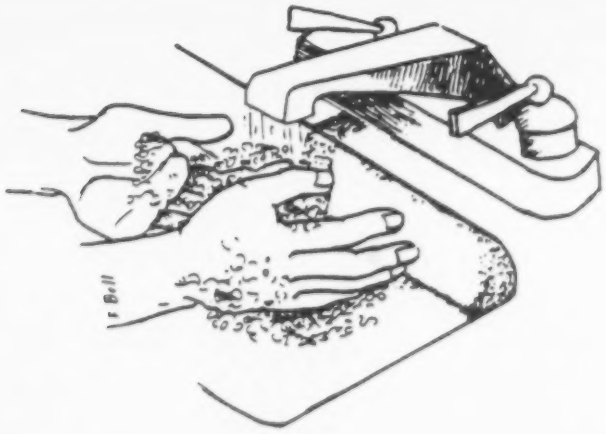
| Steps | Notes |
|---|---|
| Hand washing should be done by everyone, including the student, before and after any physical contact with the student, before and after wearing disposable gloves, before and after handling procedural equipment, before eating, after handling any bodily fluids, before and after going to the bathroom. | Review the physician's orders and student's health care action plan for any special precautions.<br><br>Refer to "Handling Body Fluids" in these "Recommended Procedures". |
| Gather the needed equipment at the sink. | If running water is not available, bring water in a large pitcher or similar container and have a basin or pail to receive waste water. |
| Remove your jewelry. | Stones, settings, links, etc. can harbor micro-organisms. |

| Steps | Notes |
| --- | --- |
| Turn on the water. | Leave the water running until hand washing is complete. |
| Select a warm water temperature. | Hot water removes protective oils and will dry the skin. Cold water is better than none, as the friction is important. |
| Wet your hands. | |

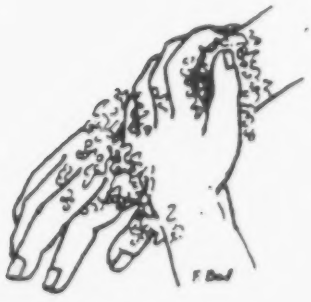


| | |
| --- | --- |
| Pump liquid soap from the dispenser on to one hand; begin to make a lather over your hands and wrists. | Bar soap and soap dishes can provide a media for bacterial growth. |

| Steps | Notes |
|---|---|
| Wash all surfaces of your hands and fingers; wash at least 2 inches above your wrist. | Keep your fingertips pointed downward and your hands lower than your elbows to prevent micro-organisms from contaminating your arms by backflow. |



| | |
|---|---|
| Add water as needed. | To keep a good lather. |
| Get soap under your nails, into the knuckle folds, between your fingers. | Places where dirt and micro-organisms accumulate. |
| Use a nail brush or orangewood stick to gently, but thoroughly clean your nails. | Use the folded edge of a paper towel to clean under your nails if nothing else is available. |
| Use a rotating motion and friction as you wash. | Rub one hand against the other; interlace your fingers and thumb, and rub up and down; rub the tips of your fingers against your palms to clean around the nailbeds; rub your wrist and an area 2 inches above with a twisting motion, then repeat with your other wrist. |



| Steps | Notes |
| --- | --- |
| Rinse thoroughly with running water. | Hold your fingertips downward and have your hands lower than your elbows. Rinse from the area 2 inches above your wrists to your fingertips. Running water carries away dirt, soap and micro-organisms. |

| | |
| --- | --- |
| Use a paper towel to wipe the surfaces around the sink. | Clean and dry surfaces deter the growth of micro-organisms. |
| Discard the paper towel into the waste container. | Avoid touching the container. |
| Dry your hands gently and thoroughly with paper towels. | Dry from the hands to the forearms; from the clean to the dirty. Skin that is properly dried is less likely to chap and split. |

| Steps | Notes |
|---|---|
| Use a paper towel to turn off the water. | Discard it. |
| | |
| Discard used paper towels into waste container. | Avoid touching the container. |
| | |
| Apply lotion as desired. | Keeps skin soft and more resistent to bacteria. |
| Document washing your hands, or washing the student's hands, on the student's health record or treatment log. | Routine recording of routine hand washing is not necessary. In special circumstances it may be necessary to record the hand washing procedure. |

## IV. MEDICATION ORDERS AND RECORDS

Objectives

A. Understand the requirements of medication orders from a prescribing practitioner
B. Identify the requirements on the pharmacy labels
C. Identify the requirements of recording medications
D. Understand requirements of parental permission.
E. Identify the elements of documentation

CLASS OUTLINE

A. Legal Requirements
B. Classification of Controlled Substances
C. Persons in Colorado with Legal Prescriptive Authority to Authorize Registered Nurses to administer Medications
D. Record Keeping - Medication Log
E. Medication Error/Incident Reports
F. Examples of Forms
    1. Medication in the School Setting
    2. Guideline for Documenting Delegation of Medication
    3. Sample Directions for Use of a Medication Log
    4. Medications at School
    5. Medication Error/Incident Report
    6. Daily Log of Treatment Administered

EVALUATION

## IV. MEDICATION ORDERS AND RECORDS

### A. Legal Requirements

Written authorization for the administration of medications in schools provide for the safety of students and personnel in these facilities. School policies should be in place and should outline the specific requirements for the administration of both prescription and over-the-counter medications to students.

No medication, prescription or over-the-counter, should be administered by any school personnel except on written authorization of a prescribing practitioner. All medication should be in a container with a pharmacy label. All medication to be administered in school settings may also require written permission from the student's parent or guardian as directed by school district policy.

Written authorization for both prescribed and over-the-counter medications must include the following:

Student's name
Name of the medication
Date of the authorization
Dosage
How the medication is to be given (route)
When the medication is to be given
Special instructions pertinent to the student

The prescription label must include the following:

Student's name
Date of the prescription
Name of the medication
How the medication is to be given(route)
Time when medication is to be given
Name of the prescribing practitioner
Dosage

Having the prescribing practitioner's authorization, and the pharmacy label allows for comparison to ensure that the right medication is available to the child.

Over-the-counter (OTC) medications also require and the written legal prescriptive authorization for administration in schools.

Schools find it helpful to send a medication information sheet home with all students at the beginning of the year to help parents understand the importance of this policy and other policies that apply to medications given at school.

B. Classification of Controlled Substances

The drugs and drug products that come under the jurisdiction of the Controlled Substances Act are divided into five schedules. Some examples in each schedule are outlined below. For a complete listing of all the controlled substances contact any office of the Drug Enforcement Administration. Examples of drugs in those schedules follow:

1. Schedule I Substances:

The substances in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroine, marijuana, LSD, MDMA, peyote, mescaline, psilocybin, N-ethylamphelamine, acetylmelhadol, fenethylline, illidine, dihydromorphine and methaqualone.

2. Schedule II Substances:

The substances in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic stimulant and depressant drugs. Some examples of Schedule II narcotic controlled substances are: opium, morphine, codeine, hydromophone, levo-alpha-acetylmethadol (LAAM), methadone, meperidine, cocaine, oxycodone, and oxymorphone. Non-narcotic substances in Schedule II include amphetamine, methamphetamine, phenmetrazine, methylphenidate, amobarbital, pentobarbital, secobarbital, fentanyl, sufentanil, carfentanil, glutethlmide, phenylacetone, dronabinol and nabilone.

3. Schedule III Substances:

The substances in this schedule have an abuse potential less than those in Schedules I and II, and include compounds containing limited quantities of certain narcotic drugs and non-narcotic drugs such as acetaminophen with codeine, hydrocodone with aspirin, derivatives of barbituric acid (except those that are listed in another schedule), nalorphine, benzphetamine, chlorphentermine, clortermine, phendimetrazine, paregoric and any compound, mixture, preparation or suppository dosage form containing amobarbital, secobarbital or pentobarbital. Anabolic

steroids are also included in Schedule III unless specifically excepted or listed in another schedule.

4. Schedule IV Substances:

The substances in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: barbital, phenobarbital, methylphenobarbital, chloral hydrate, meprobamate, paraldehyde, methohexital, fenfluramine, diethylpropian, phentermine, chlordiazepoxide, diazepam, oxazapam, clorazepate, flurazopam, clonazepam, alprazolam, temazepam, triazolam, lorazepam, mebutamate, dextropropxyphene dosage forms and pentazocine.

5. Schedule V Substances:

The substances in this schedule have an abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes. Some examples are buprenorphine and propylhexedrine.

C. Persons in Colorado who have Legal Prescriptive Authority in the School Setting

School register nurses may accept written authorization for a delegated medical function from legally authorized:

-physicians
-podiatrists
-dentists
-advanced practice nurses with prescriptive authority
-physician's assistant who has directions of a physician or written protocol

*(From the Colorado Nurse Practice Act, 1995, Section 12-38-103(4))*

D. Record-keeping - Medication Log

Recording medication given at school is an important part of the policy and practice for administering medications. A medication 'log' must be kept for each student. The medication log can be used to make anecdotal notes of any unusual circumstance about the student's medication regime. This log becomes a permanent record for parents/ health providers and provides legal protection to those who administer medications at school. It also helps prevent students

from missing a medication or receiving a wrong dose. Each time a student receives a dose of medication, fill in the actual time and initial the log. **Write in ink; the log is a permanent record**. DO NOT use white out, correction tape, erase, etc. to correct recording errors. Draw a single line through the error, record the correct information, and initial and date the corrected entry. **Remember: If it is not written (recorded), it did not happen.**

The log should contain the student's name, the prescription medication and dosage, and the time the medication is to be given. It should contain the names and initials of people trained to give the medication. Including this information makes it possible at a later date to 'track' who gave what medications. It is also helpful to clip a picture of the student to the medication log; this allows for an additional identification of the student receiving the medication.

E. Medication Incident Report

School or facility policies and procedures need to spell out what an individual must do if there is AN IRREGULARITY involving medication. An incident is any situation involving the following:

- an omitted dose of medication
- wrong student
- wrong dose of medication
- wrong medication
- wrong time
- wrong route

Any medication irregularity must be documented on a "medication incident" form and should be reported to the school nurse, parents, prescribing practitioner, and other appropriate school personnel. Follow the school and facility policy in regard to personnel to be notified. The Poison Control Center may be used as a resource if an irregularity occurs. See enclosed Medication Incident Report form in the Appendix.

Medication should be given less than 30 minutes before or after the prescribed time. It must be noted on the medication log if the medication is given at a time other than that on the medication authorization. Write in ink; the log is a permanent record.

F. Form Examples

The following pages include sample forms for your use or adaption for use in your school district. The forms included are:

-Medication in the School Setting
-Guideline for Documenting Delegation of Mediation
-Sample Directions for Use of Medication Log
-Medications at School
-Medication Incident Report
-Daily Log of Treatment Administered
-Severe Allergy Health Care Plan
-Peak Flow Meter Procedure
-Asthma Self-Management Plan
-Glucagon Procedure

## MEDICATION IN THE SCHOOL SETTING

It is recommended that every possible means be taken to give children medication at home. If it becomes necessary for a student to take any form of medication at school, the following steps must be in place:

*1. Written authorization from a legal prescribing practitioner stating the student's name, medication, dosage, time to be given, and for how many days.
*2. Medication properly identified and in its original pharmacy labeled container.
*3. A medication log to document when medication was given.
*4. Store the medication in a clean, secure cabinet or container.
5. OPTIONAL: Written permission from the parents/legal guardian giving the school district authorization to administer a particular medication – local school district option.

**Without these four starred (*) legal requirements, medication cannot be legally administered at school.**

**Medication can only be legally given by the school registered nurse or by school personnel whom the school registered nurse has trained and delegated the task of giving medications.**

Procedure:

Identify student.
Ask student his/her name.

Identify medication.
Note student's name on container.
Note date of medication on container, time to be given.
Note name of medication on the container.

Note dosage of medication on container, method to be given.
Note instructions on container for giving the medication.

Compare information on medication bottle with medication record information.

Orders from the legal prescribing practitioner should be attached to the medication record or noted to be in file.

Check the medication log to see if the medication has already been given for that day and time by another school person.

Record time the medication is given on student's medication record and the name (initials) of the person giving the medication.

Return medication to locked medication cupboard.

Name of delegatee _____ Name of delegator _____

Date of instruction _____ Initial by instructor and delegatee _____

(Procedure was adapted from Woodland Park School District Procedure.)

## Guideline for Documenting Delegation of Medication

School District _____ School _____

Delegatee _____ Delegator _____

| DATE | CRITERIA | ON FILE | DELEGATOR'S INITIALS | DELEGATEE'S INITIALS | COMMENTS |
|---|---|---|---|---|---|
| | Prescribing practitioner's's Authorization to give medication | | | | |
| | Parent's permission to give medication | | | | |
| | Health Care Plan (if indicated) | | | | |
| | Medication in pharmacy labeled bottle | | | | |
| | Direction for medication storage | | | | |
| | Demonstration Procedure (how to determine dosage) | | | | |
| | Instruction on Documentation of medication given (check to see if medication has already been given) | | | | |
| | Return Demonstration (include documentation) | | | | |
| | Process to locate RN | | | | |
| | First Aid Certificate (recommended) | | | | |
| | Monitored Demonstrations | | | | |
| | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | 4. | | | | |
| | 5. | | | | |

Delegatee's Signature _____ Initials _____

Delegator's Signature _____ Initials _____

(Form used with permission of Boulder County Health Department School Health Program)

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**Sample Directions for Use of a Medication Log**

*The medication log is used to document that medication has been given to a child. Because this log is a legal document you must initial and sign each entry in ink.*

*Each medication given in school will need to have the following information written on the log.*

a. *student's name*
b. *school year*
c. *medication name*
d. *dosage (this must be the same as on the container. and permission slip and prescribing practitioner's authorization)*
e. *time the medication is given*
f. *prescribing practitioner's name*

Have the log with you when you are giving medication. Remember to look at the information on the card and compare it with the medication label before you give the medication to the student. Check to see if the medication has already been given for the day and time by another person.

Identify the student by name before giving the medication to the student.

Immediately after giving the medication, document:

a. name and dosage of medication
b. time the medication was given
c. day and date the medication was given
d. initials of the person administering the medication

If the medication is dropped on the floor, the student refuses to take the medication, spits out the medication, or there is any other unusual occurrence, make note in the area listed "Comments" and contact the school nurse and parent. If this is a controlled substance, contact school nurse for district policy.

If the student is absent from school, note in the box "A" for absent.
When the medication is discontinued, write the date discontinued on the medication log and arrange with parent to pick up medication from school. The school nurse is responsible for disposing of medication according to school policy. Note who disposed of the medication.

## MEDICATIONS AT SCHOOL - USE ONE SHEET FOR EACH STUDENT

Name _____ Birth date _____ School _____ Grade _____

Medication(s) _____

Prescribing Practitioner _____ Prescribing Practitioner's Phone Number _____

| | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medication | Week of: | | | | | Week of: | | | | | Week of: | | | | | Week of: | | | | |
| Dosage | | | | | | | | | | | | | | | | | | | | |
| Times | | | | | | | | | | | | | | | | | | | | |
| Medication | Week of: | | | | | Week of : | | | | | Week of: | | | | | Week of: | | | | |
| Dosage | | | | | | | | | | | | | | | | | | | | |
| Times | | | | | | | | | | | | | | | | | | | | |
| Medication | Week of: | | | | | Week of : | | | | | Week of: | | | | | Week of: | | | | |
| Dosage | | | | | | | | | | | | | | | | | | | | |
| Times | | | | | | | | | | | | | | | | | | | | |
| Medication | Week of: | | | | | Week of : | | | | | Week of: | | | | | Week of: | | | | |
| Dosage | | | | | | | | | | | | | | | | | | | | |
| Times | | | | | | | | | | | | | | | | | | | | |
| Medication | Week of: | | | | | Week of : | | | | | Week of: | | | | | Week of: | | | | |
| Dosage | | | | | | | | | | | | | | | | | | | | |
| Times | | | | | | | | | | | | | | | | | | | | |
| Medication | Week of: | | | | | Week of : | | | | | Week of: | | | | | Week of: | | | | |
| Dosage | | | | | | | | | | | | | | | | | | | | |
| Times | | | | | | | | | | | | | | | | | | | | |
| Medication | Week of: | | | | | Week of : | | | | | Week of: | | | | | Week of: | | | | |
| Dosage | | | | | | | | | | | | | | | | | | | | |
| Times | | | | | | | | | | | | | | | | | | | | |

If student is absent or medication was not given, record such in appropriate box. The person assisting with the medication signs their initials in the block under the corresponding day of the week.

| Signature | Initials | Date | Signature | Initials | Date |
|---|---|---|---|---|---|
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## Medication Incident Report

Student: _____ DOB: _____

School: _____ Grade: _____

Medication(s): _____Dosage: _____

Time medication to be administered: _____

Date of incident: _____

Reason for report: Missed medication, wrong medication, etc. Give detailed report as to how incident happened. _____

_____

_____

_____

_____

_____

Action taken/intervention _____

Name of parent/guardian who was notified: _____

Time/date of notification: _____

Building nurse: _____ Notified? Yes ____ No_____

Building administrator's signature: _____

Printed name of person preparing report: _____

Signature of person preparing report: _____

Follow-up contact/care: _____

_____

Form: Courtesy of Academy District 20 Schools

***DAILY LOG OF TREATMENT ADMINISTERED*** *- Use One Sheet For Each Procedure*



Name _____ Birth date _____ School _____ Grade _____

Procedure _____ From _____19__To _____19_____

Prescribing Practitioner_____ (Prescribing Practitioner) Phone _____

| Date | Time | Comment | Initial | Time | Comment | Initial | Time | Comment | Initial |
|---|---|---|---|---|---|---|---|---|---|
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| Signature | Initials | Date |
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**Directions:** Person administering specialized physical health care shall initial in space daily. Include identifying signature and initial at the bottom of the page only one time. If student is absent or if for any reason procedure is not done, indicate in "comment" column. Additional comments should be entered on the back of this sheet.

Adapted from: *Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs Pupils.* California Department of Education; Sacramento, 1990.



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## DAILY LOG OF TREATMENT ADMINISTERED



| Date | Comments |
|---|---|
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# SEVERE ALLERGY HEALTH CARE PLAN

# HEALTH CARE PLAN

**SEVERE ALLERGY TO:** _____

Student's Name_____ Birthdate_____ Weight_____

School_____ Grade_____ Date _____

## EMERGENCY TREATMENT

**If student experiences mild symptoms of:**
several hives
itchy skin
swelling at site of an insect sting

OR **If an ingestion (or sting) is suspected:**

**Treatment:**

1. Send student to health office **ACCOMPANIED.**
2. **Give** _____ **of** _____ **by mouth.**
   **dose** **antihistamine**
3. Contact the parent or emergency contact person.
4. Stay with the student, keep student quiet, monitor symptoms, until parent arrives
   Watch student for more serious symptoms listed below.

**Special Instructions** (for health care provider to complete):

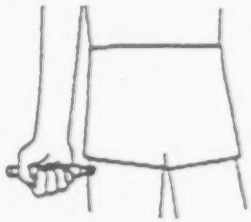
**Symptoms that progress can cause a life threatening reaction: Severe allergic reaction**
Hives spreading over the body
Wheezing, difficulty swallowing/ breathing, swelling (face,neck), tingling/swelling of the tongue
Vomiting
Signs of shock (extreme paleness/grey color, clammy skin, etc.), loss of consciousness.

**Treatment:**

1. **Give EpiPen® or EpiPen Jr.® immediately,** place against upper outer thigh, through clothing if necessary.
2. **Call 911** (or local emergency response team) immediately.
   Epipen® only lasts 20-30 minutes
   ****Paramedics should always be called if EpiPen® is given****
3. Contact parents or emergency contact person.
   If parents unavailable, school personnel should accompany the child to the hospital.

***Directions for use of EpiPen®:***

1. *Pull off grey cap.*
2. *Place black tip against upper outer thigh.*
3. *Press hard into outer thigh, until it clicks.*
4. *Hold in place 10 seconds, then remove.*
6. *Discard EpiPen® in impermeable can and dispose per school policy, or give to emergency care responder (Do not return to holder)*



**Special Instructions** (for health care provider to complete):

Physician's Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

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# PEAK FLOW METER PROCEDURE

COLORADO ALLERGY AND ASTHMA CENTERS, P.C.
Adult and Pediatric Allergy and Asthma

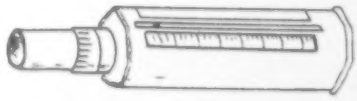
# THE PEAK FLOW METER: *YOUR GAUGE OF SUCCESS*

## What is a Peak Flow Meter?

During an asthma episode, it is difficult for air to flow through the bronchial tubes because these airways are narrowed. The *peak flow meter* measures how fast you can blow air out through these bronchial tubes, thereby letting you know how much bronchial tube narrowing is present at a given time. There are many different types of peak flow meters, but they all do the same thing.

## How can a Peak Flow Meter help?

- It can tell you how much bronchial narrowing is present.
- It can give you advance warning of worsening asthma before your symptoms develop.
- It can signal when extra medicine can prevent worsening asthma.
- It measures how well your asthma medicines are working.
- It can help you talk with your doctor about your day-by-day asthma control.



## Who should use a Peak Flow Meter?

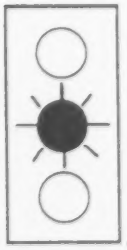
If you are using medication for asthma, and if you are able to perform accurately the peak flow "maneuver" (eg. if you are old enough), generally we recommend the use of a peak flow meter.

## How is a Peak Flow Meter used?

1) Stand up straight and make sure the pointer is at "zero" on the meter.
2) Take a deep breath, put your lips around the mouthpiece, and blow out as *hard and fast* as you can. Imagine there is a ping-pong ball in the peak flow meter and your job is to blow the ball as far across the room as possible.
3) Check to see how high the pointer went. This value is your "peak flow."
4) Repeat two more times and write down the highest peak flow of the three efforts.

## When do I use the Peak Flow Meter?

- Check your peak flow *first thing in the morning, before* taking your inhalers or nebulized treatments, and again about 10 minutes *after* taking your asthma medications. This will allow you to see how much the medication has helped your asthma.
- Measure your peak flow again in the evening to see any change in asthma over the course of the day. Again, check your peak flow *before* and *after* taking your asthma medications.
- During asthma flares, check peak flows more frequently to follow the trendof improvement, or to warn of worsening asthma.



## What do the peak flow readings mean?

It is helpful to think about peak flow "zones":

The *"GREEN ZONE"* is close to normal and indicates that your asthma is under good control.
The *"YELLOW ZONE"* indicates a warning that your asthma may flare unless additional measures are taken.
The *"RED ZONE"* is your danger zone — immediate treatment and/or a visit to your doctor is indicated.

You will have your own "zones" calculated for you, and an asthma self-management plan will be developed for you using your peak flow values.

# ASTHMA SELF-MANAGEMENT PLAN

Name: _____ Date: _____

# ASTHMA SELF-MANAGEMENT PLAN

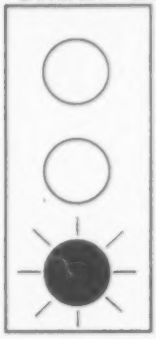
Use a Peak Flow Meter to help you monitor and manage your asthma.
Adjust your Treatment Plan based on the *peak flow value measured before using your AM medication.*

**Helpful Hint:** To make it easy to remember to take your asthma medications, associate or "link" the use of these medications with activities, such as mealtime or brushing your teeth.

Your "TARGET PEAK FLOW" is _____

**PREVENT** your asthma with daily use of _____
**RELIEVE** the symptoms of asthma with _____

## *"GREEN ZONE"*



- No (rare) cough or wheeze
- Sleeping through the night
- Tolerating activity easily

*AND*

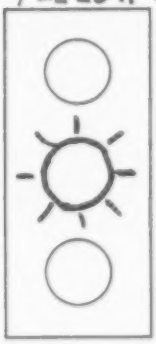
Peak flow **above** _____.

*Indicates that your asthma is under good control.*
*This is where you should be every day.*
*Keep up the good work!*

*Treatment Plan:*

1) **Preventive** inhaler: _____
_____ puffs _____ times daily.
2) Use your **Reliever** inhaler: _____ as needed for intermittent symptoms: _____ puffs every 4 - 6 hours
3) Before exercise use: _____
_____
4) Check your peak flow _____ times daily.
5) Other: _____
_____

## "YELLOW ZONE"



- At first sign of a cold
- Waking up at night with asthma
- More short of breath with activity
- Need reliever inhaler more often than usual

*OR*

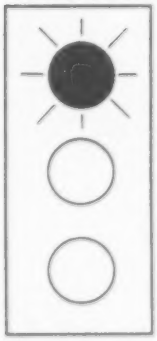
Peak flow **between** _____ and _____.

*Indicates a warning that your asthma may flare unless additional measures are taken.*

*Treatment Plan:*

1) Use your **Reliever** inhaler: _____
_____ puffs (or your nebulizer) _____ times daily.
2) Use your **Preventive** inhaler: _____
_____ puffs _____ times daily.
3) Other: _____
_____
4) Continue at this dose for 5-7 days after your peak flow returns to the Green Zone, then resume Green Zone treatment plan.
5) Check your peak flow twice daily and if it does not return to the Green Zone within 3-5 days, contact your doctor's office.

## *"RED ZONE"*



- Getting little relief from your inhalers
- More breathless despite increased medications
- Peak flows do not respond to reliever inhaler

*OR*

Peak flow **below** _____.

*This is your danger zone. Take ACTION!*

*Treatment Plan:*

1) Take your **Reliever** inhaler: _____
_____ puffs (or your nebulizer) **immediately.** *You may repeat this dose if symptoms are severe or response is poor. If symptoms continue to be severe or response poor,* ***call 911 immediately.***
2) Re-check your peak flow. If peak flow is not out of the Red Zone, contact your doctor's office **immediately.** If peak flow returns to the Yellow or Green Zone, follow the instructions for that zone.
3) Other: _____
_____
4) Check peak flow twice daily until asthma is controlled and stable.



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## GLUCAGON PROCEDURE

*(To be provided at a later time)*

## V. MEDICATION ADMINISTRATION TEST AND ANSWER GUIDE

## V. MEDICATION ADMINISTRATION TEST

***TRUE OR FALSE - Circle T (true) or F (false) to indicate whether the statements are true or false.***

1. T F Any school personnel who are responsible for giving medications should have training in basic first aid, CPR, universal precautions and medication administration.

2. T F School personnel should observe and report their observations to the school nurse, other medical personnel, or the student's parents/guardian.

3. T F "Controlled" medications are those that are available for the general public.

4. T F Medication administration in schools should be handled by personnel trained to administer medications.

5. T F Non-prescription medications can be obtained by the general public and are also known as over-the-counter medications.

6. T F Topical medications are given orally.

7. T F Medications may be taken ½ hour before its prescribed time to ½ hour after for the most beneficial results.

8. T F School personnel must observe the swallowing of oral medication to ensure that it has been taken.

9. T F Medication administration record entries must be done in pencil so if errors are made they can be erased and changed.

10. T F If a student refused to take his or her medication, the school nurse, and parents/guardian should be notified immediately.

11. T F If a medication administration error has occurred, notify the school nurse immediately and fill out a medication incident report.

12. T F It is not necessary to wash your hands before or after giving medications to students.

13. T F A side effect of a drug is always life-threatening.

14. T F An anaphylactic reaction to a medication is a minor reaction.

15. T F It is a good idea to talk freely to friends and co-workers about the medications and medical conditions of the students in your school.

16. T F As long as you have a parent authorization, you may safely and legally give any medication or substance to students in school, even vitamins and "natural" or homeopathic preparations.

17. T F A prescribing practitioner's authorization is not necessary to give over-the-counter medications like Tylenol® or aspirin in schools.

18. T F The Colorado Nurse Practice Act states that a registered nurse can legally delegate nursing tasks to a other individual under specific circumstances.

**MULTIPLE CHOICE QUESTIONS - Choose the one best answer to each question.**

19. Which of the following is an example of a topical medication?

a. inhaler
b. pills
c. EpiPen®
d. sunscreen

20. Oral medications come in all of the following forms **except:**

a. tablets and capsules
b. liquids and suspensions
c. pills and liquids
d. patches

21. When administering eye drops to a student, the drop(s) should be placed:

a. directly on the eyeball when the eye is open
b. in the inner corner of the eye when the eye is closed
c. in the outer corner of the eye when the eye is open
d. in the pocket made by pulling gently down on the lower lid

22. The proper technique to use when instilling ear drops in a 5 year old is to:

a. pull the outer ear up and back
b. pull the outer ear down and back
c. do not pull on the ear at all
d. place the affected ear down after instilling the drops

23. Which of the following implements **would not** be appropriate to use to measure liquid medications for students:

a. a clean spoon from the kitchen that has been sanitized
b. a calibrated medicine cup
c. a syringe provided by the student's parents/guardian
d. a commercially available, calibrated medication spoon or cup

24. The correct way to prepare pills, tablets or capsules to give to the student is to:

a. pour the correct number of pills into the cap of the bottle, then on to paper towel for the student to pick up.
b. pour the medication directly into the student's hand from the bottle
c. pour the capsule from the bottle into your own just-washed hand
d. pour the tablets out onto the counter, select the correct number of tablets, then place them in the child's hand

25. When you have a lot of medications to give at a certain time, it is best to:

a. take all of the medications out and line them up alphabetically
b. place each medication bottle on top of the student's medication log
c. have each child prepare and take his or her own medication
d. prepare each medication as the student comes for it.

26. How can you be sure you are giving medication to the correct student?

a. ask the student to tell you his or her first and last name
b. say to the student, "Your name is Michael Mendoza, right?" and wait for his response
c. ask the student to tell you which medication he or she needs
d. if you think you know the student, just go ahead and give them the medication

27. Students who use inhalers for asthma or other respiratory conditions need to hold their breath after inhaling the medication. How long should they hold their breath?

a. 10 seconds
b. 20 seconds
c. one minute
d. five minutes

28. The <u>first</u> step in medication administration is:

a. record medications that were given
b. prepare the medication
c. check the label on the medication bottle
d. wash your hands

29. Medications should always be stored:

a. where they are easily accessible
b. in a locked cabinet
c. in the refrigerator with the food
d. over the summer break

30. Which of the following is **not** one of the 5 Rights of medication administration?

a. right person
b. right dose
c. right room

d. right time

31. The best way to be sure you are giving the right medication is to:

a. ask someone you work with
b. carefully compare the pharmacy label with the medication log and the written instructions from the prescribing practitioner and the parents/guardian
c. ask the student if the medication looks like the right one
d. call the student's physician

32. Medications should be given at the Right Time. If the medication is ordered to be given at 2 pm, which of the following times is acceptable?

a. after 12 noon and before 4 pm
b. right at 2 pm and no other time
c. ½ hour before or ½ hour after the scheduled time
d. any time, as long as you document when the medicine was given

33. Which one of the following best describes a medication error?

a. Prescribing practitioner's authorization states give one teaspoon and the prescription bottle states tbsp.
b. the medication was given ½ hour later than authorized
c. giving liquid medication to a school age student
d. the student gags on the medication

34. Which of the following do you need to have before administering medication?

1) written parent permission with medication instructions
2) Prescribing practitioner's authorization with medication instructions
3) a properly labeled medication bottle with the student's name, the pharmacy, the name of medication, time it is to be given, the dose, the prescribing practitioner's name and the expiration date
4) a note from the classroom teacher indicating when the student is available to take medications

a. all of the above
b. 1, 2, 3
c. 2, 3, 4
d. 1 only

35. Of the following information, which needs to be recorded in the medication log after giving the medication?

    1) name of the student
    2) name, dosage, and route of the medication
    3) parent's signature
    4) time the medication was given and initials of person giving medication

    a. all of the above
    b. 1, 2, 3
    c. 4 only
    d. 1, 2, 4

36. The medication log is a legal record and must be accurate. If you make an error when documenting that you have given a medication, you should:

    a. use white-out and write over the error
    b. draw a single line through the error and mark it "error," initial and date it
    c. rip out the page and start over
    d. call the student's parents/guardian and confess

37. If you miss giving a dose of medication, you should:

    a. don't worry about it and do better next time
    b. call the school nurse or the student's parents/guardian and document that the medication was missed and complete a medication incident report
    c. call the student and give the dose as soon as possible
    d. give a double dose next time the medication is ordered

38. If you discover you have given the medication to the wrong student, the **first thing** you should do is:

    a. notify immediately the school nurse
    b. call the Poison Center
    c. document it, but don't worry, it probably won't hurt

39. When a medication is discontinued you should:

    1) mark it as such in the medication log
    2) pour any medication that is left down the toilet
    3) notify the parents/guardian there is medication left, and have only the school nurse dispose of it if you do not hear back from the parents/guardian
    4) send the medication that is left home in the student's backpack

    a. all of the above
    b. 1 and 3
    c. 1 and 4
    d. 4 only

## ANSWER GUIDE FOR MEDICATION ADMINISTRATION TEST

1. True
2. True
3. False
4. True
5. True
6. False
7. True
8. True
9. False
10. True
11. True
12. False
13. False
14. False
15. False
16. False
17. False
18. True
19. d
20. d
21. d
22. a
23. a
24. a
25. d
26. a
27. a
28. d
29. b
30. c
31. b
32. c
33. a
34. b
35. c
36. b
37. b
38. a
39. b

## VII. APPENDIX

A. LIST OF ITEMS FOR PARTICIPANTS' WORKBOOK

B. SAMPLE OVERHEAD MASTERS

## VI. APPENDIX

### A. List of Items for Participants' Workbook

From the preceding pages of this manual copy the following pages:

1. INSTRUCTIONAL PROGRAM RECOMMENDATIONS
   Pages 18-22

2. MEDICATION OVERVIEW
   Pages 23-27

3. HANDLING AND ADMINISTRATION OF MEDICATIONS
   Pages 28-61

4. MEDICATION ORDERS AND RECORDS
   Pages 62-66

ADDITIONAL HANDOUTS:
Form Examples
Pages 67-77

### B. Sample Overhead Masters

The following eleven (11) pages may be used for visual aids to assist in teaching this class.

# OVERHEAD MASTERS

# Role of the School Nurse in Medication Administration in the School Setting

# Medication Administration for School Personnel

- Training manual sponsored by:
  Colorado State Board of Nursing
- Course designed to give participants basic information on the steps involved in the administration of medications to students in schools.
- Registered nurses provide training, delegate and supervise persons giving medications to students in schools.

# Medication Administration Program

- 4 hour class
- Instructor is a Registered Nurse
- Participants demonstrate correct administration of medications:
  - » Oral
  - » Inhaled
  - » Topical
  - » Eye/Ear/Nose
  - » EpiPen
- Participants pass a written test - 100%

# Medication Administration Program

- Delegation
- Role of the School Nurse
- Routes of administration of drugs
- Care & storage of medications
- 5 steps in medication administration
- Requirements for prescriptive authority
- Interpretation of pharmacy labels & orders
- Medication errors; how to avoid
- How to administer medications
- Documentation
- Confidentiality

# Medications with Special Considerations

- As needed medications with Health Care Plans
- Nebulizer treatments
- EpiPens

# Routine Medications Covered By This Course

## SHORT TERM MEDS

- Antibiotics
- Over the Counter Meds
- Eye or Ear drops
- Nasal Sprays
- Non-narcotic pain meds
- Ointments or creams

## REGULAR MEDS

*(Chronic Conditions)*

- Seizure meds
- Asthma meds
- Steroids
- Ritalin & other meds for attention problems
- Antidepressants
- Routine heart meds
- Meds for muscle spasms

# Medications Not Covered By This Course:

- Injectables (such as insulin)
- Glucagon
- Digoxin/lanoxin (heart meds)
- Rectal medications
- Experimental medications

# Delegation and the Colorado Nurse Practice Act

- Colorado Nurse Practice Act:
  - Licenses & regulates the practice of nursing & mandates what an RN may do in her practice
- Delegation of Nursing Functions: adopted in 1998 in Colorado.
- Administration of medication by unlicensed persons falls under the Delegation of Nursing Functions
- Only the RN can make the decision to delegate.
- School personnel may not further delegate the task to another person.

# COMMON FORMS OF MEDICATIONS

## TABLETS

- ***Coated*: swallow it whole ..... DO NOT CHEW**
- ***EXAMPLE....Advil***

- ***Chewable*..... MUST BE CHEWED, NOT SWALLOWED**
- ***EXAMPLE... Tegretol, amoxicillin***

- ***Scored*..... tablets need to match prescription**
- ***EXAMPLE... Ritalin (tablets may be 10mg, but child takes 5 mg at school)***

## CAPSULES

- **Be sure capsules are complete**
- **DO NOT CRUSH OR CHEW**

Changing the form of a tablet or capsule can only be done with written authorization of the health care provider. Cutting, crushing or sprinkling of the medication are examples of changing the form of the medication. Call the nurse for such situations.

## SUSPENSIONS (undissolved medicines in liquid)

- **MUST BE SHAKEN BEFORE ADMINISTRATION**
- **Usually needs refrigeration**
- **EXAMPLE... Amoxicillin, Ceclor, etc.**

## SYRUPS (liquids that are sweet)

## INHALANTS

- **BE SURE TO READ INDIVIDUAL INSTRUCTIONS**
- **Inhalers have various adapters**

## TOPICALS

- **Wear gloves, practice universal precautions**
- **Keep separate from oral medications**

## INJECTABLES

- **ONLY TO BE GIVEN BY AN R.N.....**
- **Unless medication is for an emergency such as a life threatening allergy**

***The Children's Hospital School Health Program (1994)***

## How to Give Eye Medication

Eye Drops

1. Wash hands and put on a pair of gloves.
2. Compare the medication log with the prescription.
3. Tilt the head back or have the child lie down.
4. Wipe any secretions that may be present in the eye.
5. Place finger beneath eyelid and gently pull lid down.
6. Eye drops: Hold dropper with tip down. Drop the number of drops prescribed into the pocket of the lower eyelid (do not place drops in the inner corner of eye closest to the nose). If dropper touches the eye, wash it with soap & water.
7. Eye Ointment: Squeeze a small amount of medication along the inside of the lower lid. Keep eyes closed for a few minutes to absorb medication.
8. Wash hands.
9. Document.

## How to Give Ear Medication

1. Wash hands.
2. Compare the medication log with the prescription label.
3. Position the child with the affected ear up.
4. Pull the outer ear up and back.
5. Hold medicine dropper with tip straight down. Put the drops on the side of the ear canal.
6. Keep the child on their side for several minutes to allow drops to enter the ear canal.
7. Wash hands.
8. Document.

The Children's Hospital School Health Program (1994)
Reference: Medication Administration: Training Manual; Division of Developmental Disabilities (1989)



BEST COPY AVAILABLE

# Field Trips & Medications

- Each classroom has a list of students who take daily meds
- Field trip permission slips include questions about meds
- Office prepares an envelope or the original container in a ziploc bag with a form identifying the medication and the time it needs to be given
- Designated person gives meds & documents on the form provided
- Upon return, document on the original log & return original container